

Case Number:	CM13-0052684		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2003
Decision Date:	03/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 39 year old male with date of injury 8/20/2003. Utilization review reports that progress note dated 9/23/20013, the claimant complained of low back pain with activity along with left heel numbness and tingling. On exam he had normal gait and arm swing without assisted devices, 5/5 lower extremity strength, and neurovascularly intact. Diagnoses include 1) sprain lumbar region 2) lumbar/lumbosacral disc degeneration 3) lumbar disc displacement. Medication prescriptions reviewed (dated 9/23/2013) include Zanaflex 4 mg, Protonix 20 mg, Voltaren XR100 mg, Norco 5/325 mg, and Ultram 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultram tramadol 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80, 82.

Decision rationale: The claimant is on multiple pain medications, including another opioid medication, Norco 5/325 mg. Ultram has been used for at least 6 months, and the requesting provider has not indicated in the documentation provided for review why the claimant is in need

of two opioid medications, the benefit that has been experienced from the use of Ultram, and why it is necessary to continue for such an extended period of time. The request for Ultram 50 mg #60 with 3 refills is determined to not be medically necessary.