

Case Number:	CM13-0056678		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2010
Decision Date:	03/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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:

The patient is a 47-year-old female who reported an injury on 10/21/2010. The mechanism of injury was noted to be that the patient was working as a machine operator when heavy materials fell on the patient's head, and she woke up in the hospital. The patient started the medication Ultram on 09/05/2013. The most recent physical examination revealed that the patient's pain was a 9/10 to 10/10. The patient indicated that the pain in the thoracic region was made better with rest and medications as was the pain in the lumbar spine. The patient's diagnoses were noted to include a thoracic strain and lumbar strain and TBI with postconcussive syndrome. The request was made for 10 sessions of acupuncture at 1 time a week, bilateral L5-S1 medial branch blocks, Celexa 60 mg, Anaprox 550 mg, omeprazole 10 mg and Ultram 50 mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for the short-term treatment of acute low back pain and are generally indicated for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. Additionally, the physician indicated that the patient would be taking 1 tablet per day; and as such, there was no necessity for 100 tablets. Given the above, the request for Ultram 50 mg #100 is not medically necessary.