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| Case Number: | CM13-0057333 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/28/2013 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery, 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 expert 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 records presented for review indicate that this 40-year-old male was reportedly injured on June 28, 2013. The mechanism of injury is a fall off a ladder. The most recent progress note, dated November 4, 2013, indicates that there are ongoing complaints of low back pain and left sided abdominal pain. The injured employee stated that he is doing about 50% better. Current medications include Tylenol and there was previous use of Naprosyn and Ultram. The physical examination demonstrated slightly decreased lumbar spine range of motion and tenderness along the lumbar paraspinal muscles. Trigger points were identified along the left lower lumbar paraspinal musculature as well. There was tenderness of the left lower abdominal area without evidence of hernia. There was a normal lower extremity neurological examination. There was a plan for x-rays of the lumbar spine, trigger point injections, and prescriptions for Naprosyn and Ultram. A request had been made for Ultram and was found to be not medically necessary in the pre-authorization process on November 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Ultram 50mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 82, 113 OF127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation which notes 50% improvement and lack of documentation of functional improvement with prior usage of Tramadol, the request is not considered medically necessary.