

Case Number:	CM14-0102532		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2013
Decision Date:	09/12/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 52-year-old female who reported an injury on 10/03/2013. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with low back pain. Upon examination there was slightly limited range of motion to the right leg and the range of motion values for the lumbar spine were 60 degrees of flexion and 10 degrees of extension. Upper and lower strength was 5/5 except for the right upper extremity. There was tenderness to the myofascial tissues of the cervical and lumbar regions. There was a positive Tinel's on the right hand and decreased strength in the right APB muscles and decreased pinprick sensation to the right hand median nerve distribution. The diagnoses were mechanical low back pain, mechanical neck pain and carpal tunnel syndrome of the right hand. Current medications included Ultram and Mobic. The provider recommended Ultram ER 100 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was dated 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the Ultram was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.