

Case Number:	CM14-0109607		
Date Assigned:	08/01/2014	Date of Injury:	09/20/1999
Decision Date:	11/14/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 Neurology and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on September 22, 1999. Subsequently, he developed with the chronic neck and shoulder and back pain as well as knee pain. According to progress report dated on June 5, 2014, the patient was complaining of numbness left shoulder and back and knee pain. His pain severity was rated 5-6/10. His physical examination demonstrated lumbar tenderness with spasm. The patient was reported to have depression. The patient was diagnosed with the lumbar pain with sciatica, back spasm, my fasciitis and occipital neuralgia. The provider request authorization to use Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg TID with 1 refill (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of the Tramadol. There is no documentation of patient return to

work with previous use of Tramadol. There is no clear documentation of continuous documentation of patient compliance with his medications. Therefore, the prescription of Ultram 50 mg TID with 1 refill (quantity unknown) is not medically necessary.