

Case Number:	CM14-0011480		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2010
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine and Rehabilitation, 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 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 45-year-old female who sustained an injury on 09/29/10 after lifting cases of iced tea. The injured worker developed severe low back pain. Prior conservative treatment included anti-inflammatories, chiropractic, and physical therapy. The injured worker received two separate epidural steroid injections and acupuncture therapy. As of 04/18/13 the injured worker continued to complain of low back pain radiating to the bilateral lower extremities. At this evaluation the injured worker was utilizing Tramadol twice daily and soma in the evening. The injured worker reported side effects from soma during the day. Physical examination noted no evidence of neurological deficit. The injured worker was recommended to switch to Ultram extended release 100mg in the morning. Soma and Tramadol were discontinued at this visit. The injured worker was recommended for medial branch blocks and further acupuncture therapy and transcutaneous electrical nerve stimulation (TENS) unit. The injured worker had side effects with Celebrex. Constipation secondary to Tramadol was also noted. The injured worker was seen on 12/06/13 with continuing complaints of low back pain. The injured worker indicated that pain was resolved with TENS unit with a result with the use of a TENS unit. The injured worker also reported as she was not taking oral medications. Physical examination noted loss of lumbar range of motion. The injured worker was recommended to start Celebrex 200mg twice daily at this visit. The injured worker was also referred back to chiropractic therapy. Follow up on 01/13/14 noted an increase in low back pain and headaches due to the lack of new medications. The injured worker reported that with Ultram she had 50% reduction in pain previously. Physical examination findings remained unchanged at this visit. The injured worker was recommended to restart Ultram 50mg every eight to twelve hours as needed for pain. The injured worker was also started on Voltaren 75mg every 12 hours. The requested Ultram 50mg quantity 60 with one refill was denied by utilization review on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTART ULTRAM 50 MG 1 Q8-12HRS PRN PAIN 30-DAYS, #60 REFILL 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ULTRAM (TRAMADOL),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The injured worker was not taking any oral medications due to the efficacy of a transcutaneous electrical nerve stimulation (TENS) unit. When the injured worker was unable to obtain a restart of anti-inflammatories she reported an increasing amount of low back pain and headaches. The injured worker was recommended to restart Ultram and Voltaren in the last clinical record. As there is no indication from the clinical records that the injured worker had failed first line medications for recent exacerbation of chronic pain such as anti-inflammatories, the additional request to restart Ultram would not be recommended. Furthermore a trial of Ultram would have been indicated before requesting further refills. Therefore, the request is not certified.