

Case Number:	CM14-0016387		
Date Assigned:	04/11/2014	Date of Injury:	06/09/2005
Decision Date:	07/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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:

This is a 68 year old patient who sustained injury on June 9 2005. He had ongoing pain in his lumbar paraspinal muscles as noted by [REDACTED] on Aug 19 2013. He was prescribed Ultram and Omeprazole. [REDACTED] saw the patient on Nov 11 2013 and was noted to have lumbar paraspinal muscle pain. He was noted to have had T12-L2 posterior fusion with complaints of radiculopathy. He was prescribed Ultram and Omeprazole. [REDACTED] prescribed Ultram and Omeprazole on Mar 11 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION ULTRAM #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-84, 93-94.

Decision rationale: The patient was noted to have ongoing pain issues and was prescribed Ultram. He did not have demonstrated improvement despite this medication. It would not be recommended as first line therapy in neuropathic pain and would not be indicated for long term usage. Therefore the request is not medically necessary.

