

Case Number:	CM14-0016930		
Date Assigned:	02/21/2014	Date of Injury:	10/25/2010
Decision Date:	08/19/2014	UR Denial Date:	01/28/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 40-year-old male who reported an injury on 10/25/2010 caused by an MVA (motor vehicle accident). The injured worker's treatment history included chiropractic treatment sessions, medications, psychological evaluation, surgery, epidural injections, and x-rays. The injured worker was evaluated on 08/13/2013 and it was documented that the injured worker complained of lower, mid, upper back pain, and posterior neck pain. The provider noted the injured worker rated his lower back pain as a 5/10, mid back was a 2/10, upper back was a 2/10, and posterior neck was a 3/10. The provider noted the injured worker had frequent pain that occurs most often after moderate physical activity that was stabbing and radiated into the right buttock, right calf, and right foot. It was noted the epidural injection relieved the hip pain by 25%. The pain is reduced by medication and resting, while bending aggravates the condition. Transdermal cream makes the injured worker's pain better. Working aggravates the pain in his lumbar spine. Tenderness was present in the thoracic region bilaterally (Grade 2). There was hypertonicity of the thoracic region on both sides (moderate). Palpated tenderness was present in the lumbar region on both sides (Grade 2). Spinous process tenderness was present at L2, L3, L4, and L5 (Grade 2). Evaluation of the lumbar spinal area showed hypertonicity in the lumbar region bilaterally (moderate). Diagnoses included disc protrusion, sacroiliitis, thoracalgia, cervico-brachial syndrome, probable posttraumatic hypertension, posttraumatic gastritis from medication, probable posttraumatic insomnia, and posttraumatic anxiety and depression. In the documentation the provider noted the injured worker had undergone chiropractic treatments and acupuncture treatments; however, the outcome measurements were not provided. The documentation submitted indicated the injured worker has been on Ultram approximately since 06/25/2013; however, outcome measurements were not submitted for this review while patient

was on medication. Request for Authorization dated 12/17/2013 was for Ultram 50mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG, 1-2 TIMES PER DAY PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. Given the above, Ultram 50 mg 1-2 times per day PRN is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is non-certified.