

Case Number:	CM14-0018137		
Date Assigned:	04/16/2014	Date of Injury:	04/24/2008
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 48-year-old male who reported an injury on 04/24/2008. The mechanism of injury was not stated. Current diagnoses include low back pain, bilateral chronic L5 and S1 radiculitis, lumbar disc disease, right knee pain, medial meniscus tear in the right knee; status post medial meniscectomy, synovectomy, and patellar chondroplasty in 2008; depressive disorder; and chronic pain syndrome. The injured worker was evaluated on 01/15/2014. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. The injured worker noted significant pain relief following a lumbar epidural steroid injection on 07/29/2013. Physical examination revealed an antalgic gait, 5/5 motor strength in bilateral lower extremities, diminished sensation in the right lower extremity, tenderness to palpation of bilateral sacroiliac joints, sciatic notch tenderness, positive Patrick's sign and Gaenslen's maneuver, tenderness over the paraspinals with significant muscle tightness and myofascial restriction, increased pain with flexion and extension, and positive straight leg raising. Treatment recommendations at that time included prescriptions for Relafen, Pristiq, Ultram, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR ULTRAM 50MG #100 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram Er, Generic Available In Immediate Release).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no frequency listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.