MAXIMUS Federal Services

Case Number:	CM14-0120438		
Date Assigned:	08/06/2014	Date of Injury:	12/12/2006
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine; 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:

This is a 47-year-old female with a 12/12/06 date of injury. The mechanism of injury was not noted. According to a handwritten progress note dated 5/28/14, the patient complained of pain in his lumbar spine status post fusion. The patient stated she fell in her tub and now the pain feels worse. She stated that her present pain regimen was effective. Diagnostic impression: tenderness to bilateral SI joints, positive Faber, positive Patrick's, decreased ROM with pain, decreased sensation in left SI dermatome. Diagnostic impression: herniated disc/lumbosacral spine, lumbar radiculitis/neuritis, post-op lumbar spine fusion.Treatment to date: medication management, activity modification, physical therapy, surgery.A UR decision dated 7/2/14 denied the request for Ultram ER. There was no indication as to why the patient requires ongoing opioid treatment and why opioid weaning is not in the treatment plan as the long-term use of opioids is not supported in the guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction, such as VAS scores. There is no documentation of functional gains or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Ultram ER was not medically necessary.