

Case Number:	CM14-0153520		
Date Assigned:	09/23/2014	Date of Injury:	02/01/1999
Decision Date:	10/24/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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:

Medical records reflect the claimant is a 62 year old male who sustained a work injury on 2-1-99. Office visit on 6-12-14 notes the claimant continues with pain and stiffness to his cervical spine. He reports persistent and increasing pain to the lumbar spine radiating down the lower extremities with numbness, tingling and weakness to the legs. On exam, the claimant has tenderness to palpation at the cervical spine, decreased range of motion at the cervical spine. Exam of the lumbar spine shows antalgic gait, tenderness to palpation, decreased range of motion, positive SLR at 40 degrees. Strength is 4+/5 bilaterally, DR shows decrease Achilles reflex bilaterally, and sensation is decreased. Office visit on 7-28-14 notes the claimant continues to use symptomatic medications as needed. He continues with pain and stiffness to his cervical spine. He reports persistent and increasing pain to the lumbar spine radiating down the lower extremities with numbness, tingling and weakness to the legs. His exam is unchanged.

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 Chronic Pain Treatment Guidelines Page(s): 22, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Spinal Infusion

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.