

Case Number:	CM14-0159258		
Date Assigned:	10/02/2014	Date of Injury:	12/04/2007
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 38 year old male with date of injury 12/4/2007. The mechanism of injury is not stated in the available medical records. The injured worker has complained of chronic low back pain since the date of injury. He is status post lumbar spine fusion surgery (specifics not detailed in records) and has also been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, decrease in lower extremity strength bilaterally (4/5), decreased sensation in the bilateral lower extremities L4-5, L5-S1. Diagnoses: lumbar disc disease, lumbar radiculopathy, status post lumbar fusion. Treatment plan and request: Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram ER 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use, Page(s): 76-85, 88-89.

Decision rationale: No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than

opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Ultram is not medically necessary.