

Case Number:	CM14-0170268		
Date Assigned:	10/20/2014	Date of Injury:	07/07/2014
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 42 year old male who was injured on 7/7/2014. The diagnoses are lumbar strain and low back pain. There is associated diagnosis of depression. On the 9/2/2014 initial evaluation [REDACTED] noted subjective complaint of low back pain radiating to the buttocks. There was positive para-lumbar tenderness. The sensory, motor and reflex test of the lower extremities was reported as normal. The patient gave medication history of utilizing ibuprofen and carisoprodol. [REDACTED] prescribed Ultram ER and Voltaren for pain, Flexeril for muscle spasm and Protonix for prophylaxis against NSAIDs induced gastritis. A Utilization Review determination was rendered on 10/3/2014 recommending non certification for Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s): 74-96, 111,113,119.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT treatment have failed. The records did not show that the patient have failed treatment with NSAIDs and PT. The records show that Ultram 150mg ER was prescribed following an initial clinic evaluation in a patient who was previously stabilized on NSAIDs medication. There are limited significant objective findings that indicate severe low back pain requiring opioid medication treatment. There was no qualitative or quantitative description of the pain. The criterion for the use of Ultram ER was not met.