

Case Number:	CM14-0034305		
Date Assigned:	06/20/2014	Date of Injury:	05/04/2006
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Nevada. 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 59-year-old male injured on May 4, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of low back pain. Current medications were stated to include naproxen and Ultram. The physical examination demonstrated tenderness over the lumbar and cervical spine. The treatment plan included a prescription of Norco and a request for urine drug screen. A request had been made for Ultram and a urine drug screen and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Ultram 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the progress note dated April 14, 2014, pain relief provided by Ultram was not enough, and therefore a prescription was written for Norco. It is unclear why Ultram was still being prescribed if it was determined not to have good efficacy. As it does not

appear to work well for the injured employee, this request for Ultram 50 mg #120 is not medically necessary.

Prospective request for 1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the attached medical record, even though the injured employee has been taking opioid medications, there was no notation regarding suspicion of abuse, doctor shopping, drug escalation, or aberrant behavior. Therefore, it is unclear why urine drug screen is requested. This request for urine drug screen is not medically necessary.