

Case Number:	CM14-0038085		
Date Assigned:	06/25/2014	Date of Injury:	05/09/2011
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/01/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine, Pain Management and Manipulation 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:

The patient sustained an industrial injury on 05/09/11 at which time he was involved in a motor vehicle accident. The patient underwent lumbar ESI on 03/04/14. The patient was seen on 03/19/14 at which time low back pain with radiation rated 6/10. An examination revealed limited ROM and positive SLR. An ESI was not affective. The medication Ultram 50 mg #100 with 3 refills was prescribed and it was noted that the patient may need to consider alternative or more invasive treatment. The patient is diagnosed with grade I spondylolisthesis, cervical/lumbar/hip sprain/strain, driving distress and sleep disorder. An UR dated 03/31/14 recommended to non-certify the request for Ultram 50 mg #100, 3 refills per 3/19/14 form, Ultram 50 mg #90 from 3/31/14 to 4/10/14 was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids page 74 to 96 Page(s): 74 to 96.

Decision rationale: The patient is noted to be a candidate for further invasive treatment as she has failed an LESI. The request for Ultram is supported. Ultram is a synthetic opioid and is significantly safer than other opioids such as hydrocodone. The request for Ultram is medically necessary and supported.