

Case Number:	CM14-0042832		
Date Assigned:	06/30/2014	Date of Injury:	09/01/2007
Decision Date:	08/18/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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:

This is a 59-year-old female with a 9/1/07 date of injury. The mechanism of injury was not noted. According to a 2/28/14 progress note, the patient presented complaining of severe pain to the low back and neck. She also complained of difficulty sleeping. Objective findings were tenderness to palpation to the cervical spine and lumbar spine with muscle spasm noted, limited range of motion to the cervical spine and lumbar spine, positive Kemp's test, and positive shoulder depression test. Diagnostic impression was cervical spine sprain/strain with herniated nucleus pulposus, upper extremity radiculitis/radiculopathy, lumbar spine sprain/strain with herniated nucleus pulposus, lower extremity radiculopathy/radiculitis, right wrist sprain/strain, right and left knee sprain/strain, right and left shoulder strain/tendonitis, and left wrist carpal tunnel. Treatment to date includes medication management, activity modification, and physical therapy. A UR decision dated 4/4/14 modified the request for Ultram ER 150 mg from 90 tablets to 60 tablets for weaning purposes. There was no documentation of specific efficacy with prior use such as with VAS scores before and after medication use or with regard to the claimant's functionality. There is no documentation of a urine drug screen, signed pain contract, risk assessment, or attempts at weaning and tapering. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/4/14 modified the request for Ultram ER 150 mg from 90 tablets to 60 tablets for weaning purposes. There was no documentation of specific efficacy with prior use such as with VAS scores before and after medication use or with regard to the claimant's functionality. There is no documentation of a urine drug screen, signed pain contract, risk assessment, or attempts at weaning and tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram ER 150 mg #90 is not medically necessary.