

Case Number:	CM14-0050764		
Date Assigned:	07/02/2014	Date of Injury:	09/10/2011
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 09/10/2011. The mechanism of injury was not provided. On 01/09/2014, the injured worker presented with neck pain and bilateral upper extremity pain. Prior therapy included physical therapy, Ultram, and Prilosec. Upon examination, there was tenderness and a tight muscle band noted in the bilateral paravertebral muscles and tenderness noted at the paracervical muscles and trapezius with a positive Spurling's. There was also pain noted with lateralization to the left and right of the cervical spine as well as palpation of the lateral aspect of the cervical spine with a positive left Tinel's sign. The provider recommended a prescription of Ultram 50 mg with a quantity of 30 and 1 refill and the provider stated that the injured worker takes Ultram before bed and allows her to sleep better and the medication helped to decrease pain and improve function. The previous urine drug screen was negative for Ultram although the injured worker stated that she takes it daily. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultram 50mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78..

Decision rationale: The request for 1 prescription for Ultram 50mg #30 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect should be evident. The injured worker has been prescribed Ultram since at least 11/2013. An objective assessment of the medication's efficacy was not provided. In addition, the provider stated that a previous urine drug screen was negative for Ultram. There was lack of documentation that the noncompliant medication regimen was addressed. In addition, the provider's request did not indicate the frequency of the requested medication. As such, the request is not medically necessary.