

Case Number:	CM14-0052129		
Date Assigned:	07/07/2014	Date of Injury:	02/13/2014
Decision Date:	08/19/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/21/2014

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 has a subspecialty in Pain Medicine, and is licensed to practice in Texas, and Oklahoma. 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 26-year-old male who reported an injury on 12/13/2014 due to holding on to a metal rack as it fell down, causing him to strain his hip and back. On 03/25/2014, he reported right hip and low back pain. On 03/25/2014, he reported right-sided low back pain and right hip pain, with weakness of the right leg, and stated that the right leg would fall asleep and had cramps of the entire right lower extremity. He also stated that his pain radiated to the right lower extremity and to the right lateral leg and foot. The physical examination revealed slow and cautious gait, with difficulty due to pain, and a poor heel walk, +3 deep tendon reflexes that are equal in the lower extremities, intact sensation, negative straight leg raise bilaterally, multiple myofascial trigger points noted in the right hip girdle, lumbar spinals, and right quadratus lumborum. Range of motion of the lumbar spine was noted to be decreased in all directions by at least 50% due to pain and guarding, and he was noted to have normal strength in the lower extremities, but exhibited breakaway weakness bilaterally due to low back pain. His diagnoses included sprain of the lumbar region with regional myofascial pain syndrome of the hip and low back. The injured worker reported taking medications, but he did not know the name of the medications he was taking. The treatment plan was for 1 prescription for Ultram 50 mg #120 with 2 refills. The Request for Authorization form was signed on 03/25/2014. The rationale for treatment was to address the injured worker's pain.

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 #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for 1 prescription of Ultram 50 mg #130 with 2 refills is not medically necessary and appropriate. On 03/25/2014, the injured worker reported that he was prescribed Flexeril and Ibuprofen, and was taking it every 6 hours and then stopped, as they were not helping him. He also stated that he was taking medication, but did not know the name of the medications he was taking. The California MTUS Guidelines state that steps before taking a therapeutic trial of opiates should include an attempt to determine if the pain is nociceptive or neuropathic, as opioids are not generally recommended as a first-line therapy for some neuropathic pain. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, and daily work activities, and should be performed using a validated instrument or numeric rating scale. The injured worker should have at least 1 physical and psychosocial assessment by treating doctor to assess whether a trial of opiates should occur. When initiating therapy, a prophylactic treatment of constipation should be initiated, and if partial analgesia is not obtained, opiates should be discontinued. Based on the clinical information submitted for review, the injured worker was already taking unspecified medications. Without knowledge of the medications he was using and what he was using them for, additional medications would not be supported. In addition, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations, as it is unclear what medications he is already using and the frequency of the requested medication is unclear. Given the above, the request for Ultram 50mg #120 x 2 refills is not medically necessary.