

Case Number:	CM14-0061801		
Date Assigned:	07/09/2014	Date of Injury:	12/10/1996
Decision Date:	08/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Texas and Ohio. 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 48-year-old who reported an injury on December 10, 1996. The mechanism of injury was not provided in the medical records. The request for authorization form was submitted on April 3, 2014. His diagnoses include status post L4-S1 fusion, cervical and lumbar spine strain, and herniated nucleus pulposus with instability. His previous treatments are noted to include medications and lumbar surgery. A urine drug screen performed on April 2, 2014 was noted to be negative. However, the report indicated the injured worker was utilizing Ultram at the time. On April 2, 2014, the injured worker reported low back pain rated 6/10. It was noted that this pain was well controlled with medications. His medications were noted to include an unspecified muscle relaxant and tramadol. The treatment plan included medication refills and a urine drug screen. The documentation indicated that the medication was requested as the injured worker felt he could live with his pain with use of medications and avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Good man and Gilman: The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference 68th ed. www.RxList.com. Official Disability Guidelines Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formiulary.htm.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The requested service is non-certified. According to the Chronic Pain Medical Treatment Guidelines, ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker reported benefit from his medications. However, numeric pain scales were not provided to verify this finding with evidence of decreased pain levels with the addition of Ultram. In addition, the documentation did not indicate that he had increased function and ability to perform his activities of daily living with his medication. Further, the urine drug screen was noted to be negative for all substances. Therefore, further documentation will be needed indicating the absence of Ultram on his urine drug screen prior to continuing this medication. In the absence of the documentation noted above, the ongoing use of opioid medications is not supported by the guidelines. Further, the request failed to indicate a frequency of use. For the reasons noted above, the request for Ultram 50 mg, sixty count is not medically necessary or appropriate.