MAXIMUS Federal Services

Case Number:	CM14-0064080		
Date Assigned:	07/11/2014	Date of Injury:	09/25/1995
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Illinois. 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 52-year-old male who reported an injury on 09/25/1995 due to an unspecified mechanism of injury. On 05/02/2014, he reported bilateral lower back pain rated at a 4/10. A physical examination of the spine revealed tenderness to palpation of the lumbar paraspinals, restricted lumbar range of motion due to pain, lumbar extension was noted to be worse than the lumbar flexion. Lumbar discogenic provocative maneuvers were positive; nerve root tension signs were negative bilaterally; clonus, Babinski's, and Hoffmann's signs were all absent bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Muscle strength was noted to be 5/5 throughout. His diagnosis included central and left paracentral disc protrusion at the L4-5, left central disc protrusion L5-S1 with neural foraminal stenosis at the left L5, a central disc protrusion at L3-4, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar degenerative disease, lumbar stenosis, lumbar sprain and strain, and hypertension. His medications were listed as Tramadol 50 mg, Ibuprofen 600 mg, and Lisinopril 40 mg, and Atenolol. Documentation regarding diagnostic studies, surgical history, and past treatments were not provided. The treatment plan was for Ultram 50 mg, quantity 90 for the lumbar spine. The Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, QTY: 90 for the Lumbar Spine: 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 On-Going Management (Opioids) Page(s): 78.

Decision rationale: The request for Ultram 50 mg, quantity 90 for the lumbar spine is not medically necessary. Per the clinical documentation provided, the injured worker had a 35% improvement in her pain and activities of daily living with the use of Ultram. It was noted that she was on an up to date pain contract and her previous urine drug screens were shown to be consistent with no aberrant behaviors. The California MTUS Guidelines that an ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. A pain assessment should include current pain; least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Based on the clinical information submitted for review, it does appear that the injured worker had some improvement with this medication. However, it was not stated how long the injured worker had been utilizing this medication. Without an ongoing review and documentation of the injured worker's treatment with the use of this medication, the request would not be supported. In addition, a proper pain assessment was not performed and the urine drug screens were not provided for review to determine that there were no aberrant drugs taking behaviors. The request is not supported by the guideline recommendations. As such, the request is not medically necessary and appropriate.