

Case Number:	CM14-0079923		
Date Assigned:	07/18/2014	Date of Injury:	05/26/2013
Decision Date:	09/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Nevada. 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 41-year-old male who was reportedly injured on May 26, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 11, 2014, indicated that there were ongoing complaints of pain. The physical examination was not presented for review. Diagnostic imaging studies were not reported. Previous treatment included a urine drug screen that was negative for this particular medication. A request was made for Ultram and was not certified in the pre-authorization process on May 13, 2014. The previous progress note specifically noted "he stated he has had no improvement and is moderate to severe lower back pain," and that the physical examination noted normal motor function (5/5), normal heel and toe walking, and deep tendon reflexes were 2+ throughout both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride) Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The previous progress note indicated absolutely no improvement in the clinical condition with the utilization of this medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. Therefore, there is no objectified efficacy or utility with the utilization of this medication. As such, the request is not considered medically necessary.