

Case Number:	CM14-0082637		
Date Assigned:	07/23/2014	Date of Injury:	12/12/2007
Decision Date:	09/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational Medicine, 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated May 5, 2014, the claims administrator failed to approve a request for Ultram extended release. The injured worker's attorney subsequently appealed. On December 23, 2013, the injured worker reported persistent complaints of low back pain, 7/10 with medications versus 9/10 pain without medications. The injured worker was having difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, walking, etc., despite ongoing medication usage, it was acknowledged. The attending provider went on to refill Naprosyn, Norco, Prilosec, tizanidine, Ultram extended release, and vitamin D. The injured worker's work status was not furnished. In a subsequent progress note dated April 14, 2014, the injured worker again presented reporting 7/10 pain with medications versus 9/10 pain without medications. The injured worker also reported frequent and severe muscle spasms with attendant difficulty performing activities of daily living such as self-care, personal hygiene, other activities of daily living, and sleep. The injured worker was not working, it was acknowledged. A variety of medications, including Naprosyn, Norco, Prilosec, Ultram, and tizanidine were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg 1 tab q12hrs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off work. The injured worker is having difficulty performing activities of daily living as basic as ambulating, self-care, personal hygiene, etc., despite ongoing Ultram usage. The injured worker's reported diminution in pain scores from 9/10 to 7/10 with medications appears to be marginal to negligible and is outweighed by the injured worker's failure to return to work and continued difficulty performing even basic activities of daily living. Therefore, the request is not medically necessary.