

Case Number:	CM14-0088449		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2007
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 46-year-old female who reported an injury on 02/01/2007. The mechanism of injury was not provided. On 06/16/2014, the injured worker presented with low back pain. She reported numbness and pins and needles on the left and aching, stabbing pain to the right leg with pins and needles. Upon examination of the lumbar spine, there was tenderness and spasm to the paraspinal musculature bilaterally and midline tenderness noted to the lumbar spine. There was also decreased sensation to the L5 and S1 dermatomes on the left and decreased sensation at the L4 dermatome on the right. There was decreased pin sensation to the foot dorsum and posteriolateral calf left greater than right. The diagnoses were left ankle ligament strain/tear/tendinitis, bilateral knee contusion/tendinitis, degenerative joint disease on the left, and spondylolisthesis of the L5-S1 with pars defect. Current medications included cyclobenzaprine and Ultram. The provider recommended Ultram 50 mg #90. The provider's rationale was not provided. The request for authorization form was dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The included documentation noted a recent urine drug screen. An adequate and complete assessment of the injured worker's pain level was not provided. Additionally, the injured worker has been prescribed Ultram and the efficacy of the medication was not provided. The provider's request for Ultram does not indicate the frequency of the medication in the request as submitted. As such, the request for Ultram 50 mg #90 is not medically necessary.