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| Case Number: | CM14-0189151 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 07/30/2014 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 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 applicant is a represented [REDACTED] who has filed a claim for low back pain reportedly associated with an industrial injury of July 30, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar support; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and several months off of work. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for Ultram (tramadol). The full text of the Utilization Review Report, however, does not appear to have been incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a progress note dated August 12, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was asked to continue Motrin and Flexeril, despite complaints of drowsiness with the latter. The applicant was asked to start tramadol at this point in time. A lumbar support was endorsed. By October 7, 2014, however, the applicant had transferred care to a new primary treating provider (PTP), reporting persistent, constant low back radiating to the bilateral lower extremities, right greater than left. The applicant was currently using Ibuprofen, it was stated. Prescriptions for Ultram and Soma were endorsed. Lumbar MRI imaging was also sought while the applicant was placed off of work, on total temporary disability. Lidocaine patches were also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram tablets 50 mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Table 12-8, 308; 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines a short course of opioids is deemed "optional" in evaluation and management of low back complaints, as was present here on and around the date in question, October 7, 2014. While this recommendation is qualified by commentary made in ACOEM Chapter 3, page 47, to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations, in this case, however, the requesting provider suggested on October 7, 2014 that the request for Ultram (Tramadol) represented an introduction of Tramadol/first-time request for the same. The applicant was described as using only Ibuprofen for pain relief as of that point in time. While an earlier progress note of August 11, 2014 did suggest that the applicant was asked to begin Tramadol as of that point in time, the current treating provider stated on October 7, 2014 that the applicant was only using Ibuprofen as of that point in time. Introduction/reintroduction of Ultram (tramadol) was, thus, indicated, given the reported failure of Ibuprofen. Therefore, the request was medically necessary.