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| Case Number: | CM14-0190577 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 04/03/1987 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 53-year-old male who reported injury on 04/03/1987. The mechanism of injury was not provided. Diagnoses included backache, lumbosacral spondylosis without myelopathy, other specified hemiplegia, and hemiparesis affecting nondominant side. Past treatments included medications and physical therapy. Clinical note dated 11/12/2014, the injured worker complained of low back pain rated 9/10 at worst, 4/10 at best, 6/10 currently. Physical examination indicated limited standing and activity tolerance due to core weakness, tightness bilaterally at the hamstrings, iliopsoas, and hip muscles. Current medications were not provided. The request was for Ultram 50 mg #90 with 2 refills. Rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 2 refills: Upheld

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

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

Decision rationale: The request for Ultram 50 mg #90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There was lack of documentation indicating the injured worker had significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Ultram 50 mg #90 with 2 refills is not medically necessary.