MAXIMUS Federal Services

Case Number:	CM15-0001230		
Date Assigned:	01/12/2015	Date of Injury:	06/08/2009
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 8, 2009.In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve request for Ultram. A December 3, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an October 24, 2014 progress note, the applicant reported persistent complaints of low back pain, with ancillary complaints of shoulder pain. The applicant was using a cane to move about. The applicant had apparently declined to pursue a spinal cord stimulator. The applicant was not working, it was acknowledged. The applicant was asked to discontinue one version of Ultram and employ a second version of Ultram. A highly variable 5-8/10 pain was reported. Large portions of the progress note employed preprinted checkboxes, with little to no commentary.It appeared that the attending provider suggested that the applicant discontinue Ultram 100 mg and begin Ultram 50 mg on that date. In a September 10, 2014 progress note, the applicant again reported persistent complaints of low back pain. The applicant was not working, it was acknowledged. Tenderness and limited range of motion were appreciated about the lumbar spine. The applicant was asked to continue employing a cane. The applicant was apparently given a refill of Ultram extended release 100 mg, three tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30: Upheld

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

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

Decision rationale: No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of 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. Here, the applicant was/is off of work, it was acknowledged on several progress notes, referenced above. The applicant is having difficulty performing activities of daily living as basic as standing and walking, the attending provider suggested on numerous other occasions. While the attending provider did report some reduction in pain scores effected as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider has failed to outline any meaningful or material improvements in function effected as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.