

Case Number:	CM15-0002562		
Date Assigned:	01/13/2015	Date of Injury:	07/29/1999
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old male who sustained an industrial injury on 7/29/99. The injured worker reported symptoms in the neck and back. The diagnoses included status post cervical fusion. Treatments to date have included cervical fusion, oral medications, duragesic patch, and activity restriction. PR2 dated 10/8/14 noted the injured worker presents with no change in symptoms with documentation stating the injured worker "continues to have low back pain and discomfort" also noting the injured worker declined further surgical intervention. The treating physician is requesting Ultram 50mg/1(oral) and Baclofen 20mg. On 12/18/14, Utilization Review non-certified a request for Ultram 50mg/1(oral) and Baclofen 20mg. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg / 1 (oral): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tramadol (Ultram)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is already taking a duragesic patch (opiate) and Ultram is an additional opiate medication. MTUS guidelines for on-going opiate treatment requires documentation of analgesia, adverse effects, improved functionality with respect to activities of daily living or return to work and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet the MTUS criteria noted above. Ultram is not medically necessary in this patient already treated with Duragesic.

Baclofen 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The most recent office note describe back pain as the main issue in this patient who had a cervical fusion. Baclofen is a muscle relaxant and MTUS guidelines do not support long term muscle relaxant treatment for patients with back pain.