

Case Number:	CM15-0007301		
Date Assigned:	01/22/2015	Date of Injury:	04/28/2014
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 04/28/2014. The mechanism of injury was lifting. His diagnoses include acute lumbar strain, rule out disc herniation of the lumbar spine, and antalgic gait secondary to lower back pain. His past treatments were noted to include physical therapy, medications, lumbar support, and work modifications. The injured worker was prescribed Ultram on 06/26/2014. He was noted to have decreased pain with the use of Ultram. There was no documentation of functional improvement with the use of this medication. His medications were noted to include Keratek topical gel, Tylenol No. 3, tramadol, and Ambien. A urine toxicology report dated 10/22/2014 was negative for all substances tested, including tramadol and codeine. These inconsistent results were not addressed in subsequent clinical notes. The request for Ultram 50 mg #120, submitted on 11/24/2014, was to treat the injured worker's pain. The most recent clinical note provided for review, dated 12/30/2014, indicated that the injured worker reported itchiness and a rash on the face related to the use of tramadol. Therefore, it was noted that this medication would be discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: 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, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioid medications should be based on documentation of significant pain relief via measurable scales, evidence of functional improvement, as well as documentation regarding adverse side effects and aberrant behavior. The clinical information submitted for review indicated that the use of Ultram had resulted in significant pain relief since the injured worker started using this medication in 06/2014. However, there was no documentation of significant functional improvements or increased ability to perform his activities of daily living related to the use of this medication. Additionally, appropriate medication use was not verified as the urine drug screen performed in 10/2014 had inconsistent results. Furthermore, the most recent clinical note indicated that the injured worker had significant adverse effects with the use of Ultram and this medication was discontinued at this time. Therefore, the request for continued use of Ultram is not supported. Additionally, the request as submitted failed to include a frequency of use. For the reasons noted above, the request is not medically necessary.