

Case Number:	CM15-0007548		
Date Assigned:	01/22/2015	Date of Injury:	08/01/2014
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 08/01/2014. The mechanism of injury was a fall. He was diagnosed with a closed fracture of the lumbar vertebrae without spinal cord injury. His past treatments have included medications, physical therapy, use of a back brace, and home exercise. A urine drug screen performed on 11/07/2014 was positive for tramadol and Norco, which was consistent with his reported medications. At his followup appointment on 12/19/2014, the injured worker's symptoms were noted to include low back pain, rated 3/10 to 4/10 without medications. It was noted that he was using medications for pain and was weaning from those medications. However, a specific medication list was not provided. The physical examination revealed normal neurological testing and decreased range of motion. The treatment plan included continued physical therapy and medication refills. A request was received for Ultram 50 mg quantity 60. However, the specific rationale for the request was not included in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, quantity: 60: Upheld

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

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, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had consistent results on urine drug screen confirming appropriate medication use. However, quantified evidence of pain relief was not included in the submitted medical records as there was no pain value with medications documented. Additionally, there was no evidence of objective functional improvement and no documentation regarding adverse side effects. For these reasons, the continued use of Ultram is not supported by the guidelines. Additionally, the request as submitted failed to indicate the frequency. For these reasons, the request is not medically necessary.