

Case Number:	CM15-0196701		
Date Assigned:	10/12/2015	Date of Injury:	10/08/2008
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 injured worker is a 56 year old female who sustained an industrial injury on October 08, 2015. Subjective complaints listed (April 27, 2015, June 11, 2015) ongoing pain in low back radiating into left lower extremity, leg cramping. She rates her pain a "6" in intensity with the use of medications as "medications do help improve her pain and function." She notes her pain improves by 50% with use of medications. Treatment utilized included: activity modification, application of heat, exercise and lying down, physical therapy session, ice application, acupuncture, TENS unit, injection, and medication. "With her current medication regimen her pain is adequately managed." Current medications listed (April 27, 2015 and June 11, 2015): Gabapentin, Ultram ER, Voltaren gel. The worker is being treated for: enthesopathy, shoulder joint pain, cervicgia, carpal tunnel syndrome, lumbosacral disc degeneration and lumbago. On September 28, 2015 a request was made for Ultram ER 300mg #60 that was noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300 mg #30 (with DNF 10/2/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioid medications if there is meaningful pain relief, functional support (best evidenced by continued work) and the absence of drug related aberrant behaviors. This individual meets these Guideline criteria. Pain relief is reported to be near 50%, she continues to work full time and full duties, and there are no obvious drug related aberrant behaviors. Under these circumstances, the Ultram ER 300 mg #30 (with DNF 10/2/2015) is supported by Guidelines and is medically necessary.