

Case Number:	CM15-0197699		
Date Assigned:	10/13/2015	Date of Injury:	07/20/2015
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old male, who sustained an industrial injury on July 20, 2015, incurring low back injuries. He was diagnosed with an acute lumbar strain and left lower extremity radiculopathy. Treatment included ice, heat, anti-inflammatory drugs, muscle relaxants, neuropathic medications, pain medications, proton pump inhibitor, and activity restrictions. In August, 2015, the injured worker was ordered on physical therapy and home exercise program and for the prescription Ultram. Currently, the injured worker complained of constant low back pain radiating into the bilateral legs with numbness and tingling into his calf aggravated with sitting, standing and bending. He noted frequent muscle spasms in the lower back region. He rated his pain 5-8 out of 10 on a pain scale from 0 to 10. He noted limited range of motion with bending, flexion and extension of the lumbar spine. He had difficulty changing positions, walking and transferring for sitting to standing secondary to the chronic low back pain. The treatment plan that was requested for authorization included a prescription for Ultram 50 mg #100. On September 29, 2015, a request for Ultram was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 43 year old male has complained of low back pain since date of injury 7/20/2015. He has been treated with physical therapy and medications to include opioids for at least 4 weeks duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not medically necessary.