

Case Number:	CM15-0080893		
Date Assigned:	05/01/2015	Date of Injury:	02/13/2014
Decision Date:	06/01/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 27 year old male who sustained an industrial injury on 2/13/14 from a fall resulting in acute lumbar pain. He also complained of left extremity pain, numbness and weakness. He was treated with medications (Flexeril, Motrin and Percocet) and x-rays (unremarkable). His diagnosis was acute lumbar strain. He has improvement in back pain but his activities of daily living remain limited. His pain level is 4-5/10. His medication is Ultram. Drug screens dated 3/27/14, 4/16/14, 9/23/14 were inconsistent with prescribed medications. Diagnosis is sprain lumbar region with regional myofascial pain syndrome of the hip and low back. Treatments to date include physical therapy; acupuncture which has not increased function; home exercise. In the progress note dated 3/31/15 the treating provider's plan of care includes refill on Ultram as it helps with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for a year with inconsistent results on urine screen. There was no indication of failure of 1st line medications. Continued use of Tramadol is not indicated and not medically necessary.