

Case Number:	CM15-0004245		
Date Assigned:	01/15/2015	Date of Injury:	04/03/2012
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, Illinois

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 59 year old male, who sustained an industrial injury on 04/03/2012. On provider visit dated 12/09/2014 he reported imbalance and lumbar pain. The diagnoses have included mononeuritis of unspecified site, other & unspecified disc disorder lumbar region, cervicgia imbalance vestibular dysfunction, lumbago and sciatica. On examination he was noted to have no tenderness, but did have antalgic gait and positive Romberg tests (falls to left, right, forward and backward), positive bilateral straight leg raises. Treatment plan included refills of Ultram and Ibuprofen, and balance therapy x 8 sessions. On 12/29/2014 Utilization Review modified Ultram 50mg #60. The CA MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

Decision rationale: The injured worker sustained a work related injury on 04/03/2012. The medical records provided indicate the diagnosis of mononeuritis of unspecified site, other & unspecified disc disorder lumbar region, cervicalgia imbalance vestibular dysfunction, lumbago and sciatica. On examination he was noted to have no tenderness. The medical records provided for review do not indicate a medical necessity for Ultram 50mg #60. The documents reviewed indicate the injured worker has used this medication for at about 8 months; the severity of the pain has been between 4-5/10; there was no documentation monitoring that included, analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as recommended by the MTUS. Of the injured worker suffers from severe balance disorder. The MTUS does not recommend.