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| Case Number: | CM15-0012442 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 09/03/2004 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old male who reported an injury on 09/03/2004, due to an unspecified mechanism of injury. On 12/09/2014, he presented for a followup evaluation regarding his work related injury. He reported low back and bilateral lower extremity pain with associated numbness and tingling. He also reported spasm and the need for medications. He rated his pain to be moderate to severe at a 7/10 to 8/10. A physical examination showed pain in the lumbar spine with sciatic notch spasms. He had decreased range of motion and a positive straight leg raise bilaterally. He also had 4/5 weakness in the left EHL. He was diagnosed with a lumbar spine sprain and strain, status post sacrum fixation and bilateral lower extremity radiculopathy. It should be noted that the document provided was handwritten and illegible. The treatment plan was for Ultram 50 mg and tramadol #120. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Tramadol #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Weaning of Medications Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the low back. However, there is a lack of documentation indicating that he has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.