

Case Number:	CM15-0122070		
Date Assigned:	07/13/2015	Date of Injury:	08/13/2002
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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 62 year old female, who sustained an industrial injury on 8/13/2002. She reported injury to the low back from a lifting/bending activity. Diagnoses include lumbosacral spondylosis without myelopathy, disc displacement with radiculitis, post laminectomy syndrome status post lumbar fusion, chronic pain syndrome and pain in joint, shoulder region. Treatments to date include chiropractic therapy, physical therapy, epidural steroid injections, and aquatic therapy, and use of a TENS unit. Currently, she complained of chronic low back pain with bilateral lower extremity pain and weakness. On 2/13/15, the physical examination documented decreased lumbar range of motion with tenderness noted on right side. The right shoulder was noted to be frozen with tenderness and no range of motion. The plan of care included Tramadol 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. The patient is not currently prescribed any other additional pain medication. She has been compliant with her narcotics agreement and with all drug testing. She is currently working. I am reversing the previous utilization review decision. Ultram 50mg #180 is medically necessary.