

Case Number:	CM15-0066724		
Date Assigned:	04/14/2015	Date of Injury:	05/05/2014
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 23-year-old male who sustained an industrial injury when he slipped down stairs on 05/05/2014. The injured worker was diagnosed with cervical strain, lumbar strain and rule out lumbar disc herniation. Treatment to date has included conservative measures, physical therapy and over the counter medications. According to the primary treating physician's progress report on January 19, 2015 the injured worker continues to experience low back pain radiating to his right thigh with weakness and at times numbness on the left. The injured worker rates his pain at 7/10 and 4/10 with Advil. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to palpation over the paraspinal muscles equally, positive Kemp's bilaterally and decreased strength on the right at L4 and decreased sensation on the left at L5. Current medication is Advil. Treatment plan include completing physical therapy to the lumbar spine, over the counter Advil, spinal surgeon consultation and the current request for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient has maintained functionality and moderate pain relief with the use of Advil. The medical records supplied for review do not support starting the patient on a narcotic. Ultram 20mg #90 is not medically necessary.