

Independent Medical Review Final Determination Letter

3398
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0029377	Date of Injury:	07/23/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	09/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
ULTRAM ER 150MG 1-2 PO QD PAIN #15 ULTRAM ER 150MG 1-2 PO QD PRN PAIN #30			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of July 23, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; consultation with the spine surgeon, who apparently endorsed surgical remedy; MRI imaging of the lumbar spine, apparently notable for an 8- to 9-mm disk bulge at L5-S1; and extensive periods of time off of work.

The applicant has filed claims for derivative psychological stress, erectile dysfunction, and depression.

In a utilization review report of August 23, 2013, the claims administrator denied a request for extended release tramadol. The applicant's attorney later appealed, on September 23, 2013.

An earlier note of July 31, 2013 is handwritten, not entirely legible, notable for comments that the applicant reports ongoing low back pain. He is going to yoga, it is stated. Tenderness is appreciated about the lumbar paraspinals. The applicant is reportedly discharged from care, it is stated. He is given a refill of tramadol. In a psychiatric QME of July 30, 2013, it is stated that the applicant is off of work, is a former massage therapist, has been looking for work for two years.

IMR DECISION(S) AND RATIONALE(S)

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

1. Ultram ER 150mg 1-2 PO PRN pain #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, When to continue Opioids, page 93, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to continue Opioids, page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected through ongoing opioid usage. In this case, it does not appear that the applicant meets any of the aforementioned criteria. There is no clear evidence of successful return to work, improved functioning, and/or reduced pain effected through ongoing opioid usage. The applicant is off of work, on total temporary disability, either as a result of his medical issues or psychiatric issues and/or some combination of the two. He does not appear to have effected any evidence of improved function in terms of non-work activities of daily living. There is no clear evidence of reduction in pain, either. Therefore, the original utilization review decision is upheld. **The request for Ultram ER 150mg 1-2 PO PRN pain #30 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0029377