

Case Number:	CM14-0155773		
Date Assigned:	09/25/2014	Date of Injury:	10/03/2013
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 10/03/2013. The mechanism of injury was a slip and fall. The diagnoses included chronic neck and low back pain, cervical degenerative disc disease, myofascial pain (suboccipital), right knee pain, degenerative joint disease (right knee), moderate depression. Previous treatments included physical therapy, TENS unit, massage, medication. Within the clinical note, dated 06/20/2014, it was reported the injured worker complained of pain which she rated 8/10 in severity. She described the pain as aching, piercing, sharp. Upon the physical examination, the provider noted cervical spine range of motion was flexion at 30 degrees, extension at 30 degrees, and both limited by pain. The range of motion of the thoracolumbar spine showed limitations of flexion at 30 degrees and extension at 5 degrees, limited by pain. There was tenderness to palpation of the suboccipital paraspinal cervical and upper thoracic musculature. The provider requested Ultram for pain. The Request for Authorization was submitted and dated 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill: Ultram ER 100mg #60: Upheld

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

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

Decision rationale: The request for Refill: Ultram ER 100mg #60 is not medically necessary. The California MTUS Guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.