

<b>Case Number:</b>	CM13-0001812		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### 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 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 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 underlying date of injury in this case is 01/29/2013. The treating physician notes are handwritten and only partially legible. A PR-2 report of 07/30/2013 discusses diagnoses of cervical sprain and left shoulder periscapular strain with myofascial pain. At that time a request was made to continue treatment with Ultram. The patient completed six sessions of acupuncture at that time and reportedly had ongoing pain; only limited details regarding the clinical history are legible in that report and multiple other treatment notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends ongoing review and documentation of the four A's of opioid management in order to support indication, benefit, and rationale for opioid treatment. The medical records at this time are very limited

regarding the indications or benefit from opioid management. The treatment is not supported by the MTUS guidelines and medical record. Therefore, the request for Ultram # 120 is not medically necessary and appropriate.