

Case Number:	CM13-0049838		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2012
Decision Date:	07/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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:

This 44-year-old male sustained an industrial injury on 2/1/12. Injury occurred when he fell 20 feet from a ladder and landed on his face and jaw. He sustained multiple dental/jaw injuries. The patient was diagnosed with a comminuted fracture of the right wrist/ulnar styloid, and fracture of the left humerus and radius. He underwent right radial shortening on 6/6/13. He had been treated with medications, physical therapy, and acupuncture. Records indicated that Ultram has been prescribed since at least November 2012. There is no documentation of reduced pain, objective increased functional, or improved quality of life, associated with the use of Ultram. The 9/30/13 treating physician report indicated that the exam findings were unchanged. The 10/14/13 utilization review denied the request for Ultram as there was no documentation of clinical improvement with greater than one year of use. Prior reviews had non-certified Ultram due to lack of documented clinical efficacy and allowed for weaning. The 11/4/13 progress report cited mild improvement in right wrist with post-operative physical therapy and acupuncture. He reported increased mobility and strength, and decreased intensity of pain. He was to continue physical therapy and acupuncture. The exam form indicated that the patient was compliant with medications, medications were helping with pain, and there were no adverse effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Ultram, are recommended for moderate to moderately severe pain. Ultram is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Ultram has been prescribed since at least November 2012. Prior utilization reviews non-certified this medication based on an absence of documented functional improvement or clinical efficacy and have allowed for weaning. Therefore, this request for Ultram 50 mg #60 is not medically necessary.