

Case Number:	CM13-0053963		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	06/03/2014	UR Denial Date:	10/21/2013
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:

The patient is a 42 year old female who was injured on 06/12/2012. The patient was reaching for a sheet and as the patient tried to pull it, the patient felt a sharp and shooting pain in the neck and left shoulder that radiated down the left arm. PR-2 dated 11/27/2013 indicated the patient presented with complaints of moderate pain in the left shoulder, moderate to severe pain in the neck with radicular symptoms in the upper extremities, left hand pain and left elbow pain. Objective findings on exam revealed restricted and painful range of motion of the cervical spine. There was tenderness to palpation over the paraspinal musculature with paraspinal spasms noted. She had a positive foramina compression test and Spurling's test. The left hand revealed restricted and painful range of motion. She had positive Tinel's and Phalen's test. The patient was diagnosed with herniated cervical disc C4-C5; status post left shoulder arthroscopic surgery; left elbow strain/sprain; left wrist and hand strain/sprain; right wrist and hand sprain/strain; lumbar spine sprain/strain; right foot and ankle strain/sprain; gastritis-NSAID related; and acute cephalgia. Her medications were renewed (no medications were listed).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The guidelines report that Ultram is effective in managing neuropathic pain. Ongoing use of opioids should be considered when there is functional and subjective improvement in the patients' symptoms. The medical records document the patient was prescribed the opioids of Norco and Ultram (unknown when the patient first began Ultram based on the records provided). There was no documented improvement in the patients pain perception nor was there any significant change in the patients overall objective physical findings. Based on the lack of documentation reporting improved VAS scales or functional improvement the medical necessity for this medication has not been established.