

Case Number:	CM13-0065118		
Date Assigned:	01/03/2014	Date of Injury:	05/11/2012
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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. 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 reported an injury on 05/11/2012. The mechanism of injury was noted to be that the patient had pain and discomfort due to repetitive heavy lifting, pulling, pushing, detailed handwork, and above the level of the shoulder work. The patient's medications on 06/14/2013 were noted to be Flexeril 7.5 mg, Ultram, and Prilosec, as well as Anaprox 550 mg. The most recent documentation indicated the patient had pain in the neck with radicular symptoms into the arms. The patient's diagnoses were noted to be bilateral carpal tunnel syndrome, cervical spine sprain/strain, bilateral elbow sprain/strain rule out lateral epicondylitis, and right shoulder strain. The request was made for continued physical therapy 2 times a week for 6 weeks and renewed medications including #30 Ultram for moderate pain; Anaprox 120, 550 mg, take 1 tablet 2 times a day for inflammation; and Prilosec #60, 20 mg, take 1 capsule once a day for gastric mucosa.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for medication Ultram for moderate pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60,78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication since 06/14/2013. There was a lack of documentation indicating objective functional improvement, an objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the strength of the medication. Given the above, the request for Medication Ultram for moderate pain Quantity: 30 is not medically necessary.