

Case Number:	CM14-0000545		
Date Assigned:	01/17/2014	Date of Injury:	10/07/2010
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 62 year old male who was injured on 10/7/10. The diagnoses listed are bilateral rotator cuff tendinitis, shoulder pain, cervical sprain, and wrist pain. On 12/13/13, [REDACTED] documented that the symptoms were unchanged despite medications treatment. The patient was utilizing the medications only when necessary to treat joints discomfort. The patient was doing home exercises. The objective findings were negative Spurling's test, decreased range of motion in joints of the upper extremities, and cervical muscle tenderness. The medications listed are Ultram, Lidoderm, and Biofreeze gel for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG 30 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 74-96,111.

Decision rationale: The California MTUS addressed the use of tramadol (Ultram) for the treatment of chronic musculoskeletal pain. It is recommended that the use of opioids be limited to periods of exacerbations of chronic pain that do not respond to standard NSAIDs, physical

therapy, and exercise. Ultram is an analgesic that acts on both opioid and non opioid receptors. It is associated with less addictive and sedative properties than pure opioid analgesics. The required documentation during chronic opioid treatment include compliance monitoring measures such as completing a pain contract, urine drug screening, the absence of aberrant behaviors, and improvement in functional restoration and activities of daily living. The record does not show these required documentations, and symptoms had remained unchanged despite chronic medications treatment. As such, the request is not medically necessary.