MAXIMUS Federal Services

Case Number:	CM14-0004701		
Date Assigned:	01/22/2014	Date of Injury:	04/22/2006
Decision Date:	06/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder pain, chronic neck pain, and sexual dysfunction reportedly associated with an industrial injury of April 22, 2006. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of April 8, 2010, notable for moderate-to-severe bilateral carpal tunnel syndrome; a right shoulder arthroscopy in 2008; right carpal tunnel release surgery; 47% whole-person impairment rating; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated December 30, 2013, the claims administrator partially certified a request for Ultram, reportedly for weaning purposes. It was stated that the applicant had been on Ultram since 2009, with no documented benefit through ongoing usage of the same. The applicant's attorney subsequently appealed. A January 10, 2014 handwritten note was notable for comments that the applicant reported persistent hand and shoulder pain, exacerbated by activity. The note was handwritten and difficult to follow. The applicant was asked to continue Naprosyn, tramadol, and Ambien while remaining off of work, on total temporary disability. On January 3, 2014, the applicant's treating provider complained that the claims administrator apparently left a call at 10:10 p.m. and did not make a bonafide attempt to make attending provider contact. The attending provider stated that the medication should therefore be approved on the grounds that the utilization reviewer did not make a good faith effort to contact him. An October 7, 2013 Psychiatric Medical-Legal Evaluation was notable for comment that the applicant was reporting ongoing issues with stress, depression, and anxiety. An earlier note of October 4, 2013 was also notable for comments that the applicant was reporting persistent low back and shoulder pain, complicated by comorbid diabetes. Ultram, Ambien, and Prilosec were apparently renewed at that point, while the applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,, Ongoing Management Page(s): 78,80.

Decision rationale: Ultram is an opioid. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work, and has apparently not worked in years. The applicant's ability to perform activities of daily living does not appear to have been substantially improved as a result of ongoing opioid usage. Finally, the MTUS does suggest that caution should be exercised in prescribing opioids to applicants with comorbid mental health issues. In this case, the applicant does in fact have longstanding issues with depression, anxiety, and psychological stress. Therefore, the request is not medically necessary, for all the stated reasons.