

Case Number:	CM14-0109007		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2012
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 69 year old female who sustained an injury on 01/24/12 after lifting heavy items. The injured worker developed complaints of right shoulder pain. The injured worker has had prior arthroscopic procedures for the right shoulder. Recent Epworth scale was low at a score of 4. The injured worker was seen on 06/23/14 for follow up. This was a handwritten report that was difficult to interpret due to handwriting and copy quality. The injured worker had continuing complaints of pain in the neck and right upper extremity. The injured worker's physical exam findings could not be interpreted. There were recommendations for a magnetic resonance image study. The requested medications were denied by utilization review on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: Per current evidence based guidelines, the use of a short acting analgesic such as Ultram can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting analgesics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic-like medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Ultram. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Ultram, this reviewer would not have recommended this request as medically necessary.

Sonata 10Mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.drugs.com/pro/sonata.html](http://www.drugs.com/pro/sonata.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: There are insufficient findings to support the use of this medication for sleep difficulty. The injured worker's Epworth scale score was low. There was no other objective evidence to support the use of this medication. As such, this reviewer would not have recommended this request as medically necessary.