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| Case Number: | CM14-0016340 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 08/18/2003 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 50-year-old female with a date of injury of August 18, 2003. The listed diagnoses per [REDACTED] are chronic bilateral wrists pain, chronic neck pain and low back pain, and chronic right shoulder pain. According to report dated January 14, 2014, the patient presents with continued wrist, neck, low back, and right shoulder pain. The patient states the ibuprofen irritates her stomach and was instructed to discontinue. The treater is recommending omeprazole and continuation of Ultram. Physical examination of the right shoulder revealed tenderness anteriorly and laterally with flexion and abduction at 160 degrees, internal and external rotation at 80 degrees, adduction and extension at 40 degrees. Examination of the neck reveals extension 35 degrees, flexion 40 degrees, and right and left rotation 70 degrees with negative Spurling's. Examination of the wrist shows tenderness on volar aspect with good range of motion

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG, #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

Decision rationale: This patient presents with bilateral wrist, neck, low back, and right shoulder pain. The treater is requesting a refill of Ultram 50 mg #60 with 1 refill. The Chronic Pain Medical Treatment Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient was been prescribed Ultram #60 with two refills since October 14, 2013. There is one subsequent progress report from January 14, 2014, that recommends patient continue Ultram. This report provides no discussions on pain reduction or any specific functional improvement from taking Ultram. The treater also does not provide "pain assessment" as required by the Chronic Pain Medical Treatment Guidelines. The request for Ultram 50 g, sixty count with one refill, is not medically necessary or appropriate.