

Case Number:	CM14-0114941		
Date Assigned:	08/04/2014	Date of Injury:	07/17/2003
Decision Date:	09/18/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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:

There were 102 pages provided for review. The request for independent medical review was dated July 15, 2014. The Ultram 50 mg number 30 with two refills was modified to Ultram 50 mg number 15, with no refills. Per the records provided, the claimant is a 70-year-old female injured in 2003. The patient is being treated for chronic shoulder pain. As of June 17, the pain was 5 to 6 out of 10 but it was his highest nine out of 10. Medicines help decrease the pain to about four out of 10. There was no laxity and motor strength was reduced. The patient was diagnosed with status post right shoulder surgery with a history of clavicle fracture with chronic pain. The patient has been using the Ultram reportedly since 2004. There was a lack of measurable functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Ultram 50 mg, #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009)
Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. Therefore, one prescription for Ultram 50 mg, #30 with two refills is not medically necessary.