

Case Number:	CM14-0181115		
Date Assigned:	11/05/2014	Date of Injury:	11/02/2013
Decision Date:	12/16/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; shoulder corticosteroid injection therapy; and work restrictions. In an October 28, 2014 progress note, the claims administrator failed to approve a request for Ultram. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant was given a shoulder corticosteroid injection on this occasion. The applicant was previously given a shoulder corticosteroid injection of May 5, 2014. In an August 25, 2014 progress note, the applicant reported 9/10 shoulder pain, exacerbated by lifting and reaching. The applicant was given a 10-pound lifting limitation. It was not clear whether the applicant was working with said limitation in place. There was no discussion of medication selection or medication efficacy on this occasion. In an October 7, 2014 progress note, the applicant reported ongoing complaints of shoulder and wrist pain. 5-/5 right upper extremity strength was appreciated. An orthopedic evaluation and 10-pound lifting limitation were endorsed. The applicant was given a prescription for Ultram #60 with one refill. It was not clearly stated whether the request was a first time request or a renewal request. In an earlier progress note dated June 2, 2014, the applicant presented with moderate 7/10 shoulder pain. There was no discussion of medication selection or medication efficacy. On April 14, 2014, the applicant reported persistent complaints of shoulder pain, unchanged. Motrin was endorsed for the same. 5-8/10 shoulder pain was noted on a subsequent office visit of May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 tablet b.i.d p.r.n for pain #60 with 1 refill: Overturned

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): 113.

Decision rationale: While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first-line oral analgesic, in this case, however, it appeared that the applicant had already tried and failed other first-line oral analgesics, including Motrin, prior to introduction of Ultram. It appeared, furthermore, that Ultram was introduced for the first time on October 7, 2014. At that point, the applicant had already tried and failed several other treatments, including physical therapy, massage therapy, Motrin, work restrictions, etc. Introduction of Ultram (tramadol) was indicated on or around the date in question, given the failure of multiple other treatments. Therefore, the request is medically necessary.