

Case Number:	CM14-0022710		
Date Assigned:	06/11/2014	Date of Injury:	03/14/2003
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 patient is a 50 year old male who was injured on 03/14/2003. The mechanism of injury is unknown. Progress report dated 12/17/2013 complained of right shoulder pain which was sharp nature rated as 7-8/10, worse with raising his arm above the shoulder. He reported ice and rest helps. His right elbow has sharp constant pain rated as 7-8/10, worse with repetitious activity. The right wrist has pain rated as 6/10 and the left wrist pain was rated as 5/10. He feels pain when he is performing prolonged activities. On exam, deep tendon reflexes were 2+. Motor muscle strength was 5/5. There was pain on palpation of the right lateral epicondyle, positive Tinel's at the bilateral elbows, positive bilateral Phalen's. Diagnoses are cervical strain, lateral epicondylitis status post surgical release, carpal tunnel syndrome status post carpal tunnel release. The treatment and plan included Ultram 50mg, Omeprazole 20 mg, Effexor XR 37.5, Lidoderm patch 5%. Prior utilization review dated 03/13/2003 states Ultram 50 mg is certified but with a modification for Ultram 50 mg #14 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-94.

Decision rationale: The California MTUS recommends chronic opioid therapy for treatment of chronic pain if specific criteria are met. The patient should have adequate relief in analgesia, no significant adverse effects, improvement in ADLs, and no aberrant behavior. The clinical documents do not demonstrate an adequate improvement in ADLs and/or pain control. It appears the patient's pain has been largely unchanged since taking Ultram and his ADLs have not improved. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.