

Case Number:	CM14-0023180		
Date Assigned:	05/14/2014	Date of Injury:	06/17/2002
Decision Date:	07/30/2014	UR Denial Date:	02/11/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 37-year-old male patient with a 6/17/02 date of injury. He extended his hand over his head to retrieve a box off of the top shelf. The box was very heavy and he felt a sudden pop in the left shoulder. A 1/14/14 progress report indicated that the patient complained of lumbar spine and left leg aching pain, 9/10 together with left upper extremity weakness and periodic spasms. He also complained of an aching and stabbing pain in the left shoulder with pins and needles sensations with a pain scale of 8/10, elbow pain 6/10, and chest pain, 5/10. Physical exam demonstrated head and neck restricted range of motion. Left shoulder abduction was 140 degrees and flexion also was 140 degrees. In the lumbar spine he had paraspinal muscular spasm, and myofascial tenderness. He was diagnosed with cervical sprain syndrome, lumbar discopathy, cervical neurological hypertensive and thoracic outlet syndrome. Treatment to date consists of medication management: The 10/31/13 progress report indicated about prescription of Oxycodone and Gabapentin. Amitramadol Ultracream (Amitriptyline, Tramadol, and Dextromethorphan), Ultram (prescribed on 1/14/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. The patient presented with severe pain in the shoulder, upper extremity, lower lumbar spine and chest. On 10/31/13, a progress report indicated that the patient was prescribed Oxycodone 5 mg, and Gabapentin 100 mg. There were no urine drug screen test results available. In addition, 1/14/14 progress report indicated that the patient still had pain ranging from 5-9/10. At that date he was prescribed Ultram 50 mg. There was no evidence of signed pain contract. In the recent rationale, there was modification of Ultram from #90 to #30 to initiate the weaning process. Therefore, the request for Ultram 50mg #90, as prescribed, was not medically necessary.