

<b>Case Number:</b>	CM14-0026542		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Texas. 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 injured worker is a 50 year old female that had a work related injury on 08/18/03. There was no documentation of the mechanism of injury. The injured worker has been seen and followed by [REDACTED]. The most recent progress note dated 05/13/14 the injured worker states her symptoms are stable. She is having some difficulty getting her meds. She uses them sparingly. Does a home exercise program as well as heat and ice when she can. There is no documentation of functional improvement. Physical examination noted bilateral wrist tenderness in the volar aspect with decreased grip strength. Right shoulder tenderness anteriorly and laterally with no laxity. Negative drop arm test with flexion and abduction to 160 degrees, internal and external rotation at 80 degrees, adduction and extension at 30 and 20 degrees. Cervical spine, extension to 35 degrees flexion to 40 degrees, right and left rotation 70 degrees with negative Spurling's. Negative Lhermitte's. No guarding. No spasm. Tenderness in paraspinal muscles. Lumbar spine, negative straight leg raise bilaterally. No guarding. No spasm. Tenderness and paraspinal spasm with lumbar paraspinal spasm with flexion to 80 degrees extension to 20 degrees, and right and left lateral bending 20 degrees. Diagnoses chronic neck and low back pain, chronic right shoulder pain, chronic bilateral wrist pain. Medications are Ultram 50mg 1 tablet BID PRN for pain, Omeprazole 20mg 1 QD, and a topical analgesic to affected area BID. The request is for Ultram 50mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF ULTRAM 50MG #60 WITH TWO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The request for Ultram 50 mg #60 with 2 refills is not medically necessary. The clinical documentation submitted for review does not support the request for the medication. There is no documentation of functional improvement or improvement in pain. The efficacy of this medication has not been established. Based on lack of documented improvement and evidence based guidelines, the request is non-certified.