

Case Number:	CM14-0031306		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2009
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 60 year old man who reported an injury on 10/03/2009 due to being assaulted. The injured worker had complaints of on-going right arm pain, right hand pain and occasional numbness in the left hand. Physical examination on 08/16/2013 revealed positive Tinel's and Phalens sign in the right hand and wrist. There was also decreased sensation in right the median nerve distribution. Also the right hand Jamar dynamometer testing is 40, 38, 36, left is 60, 65, 80. The diagnoses was chronic right arm pain with right carpal tunnel syndrome, neck spasms on and off, headaches better, history of assault with nasal fracture and chronic headaches and tinnitus. Diagnostic studies were not submitted for review. Medication being taken was tramadol. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg 1 tablet PO Q12 for PRN neck pain with food: Upheld

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 Opioids for Neuropathic Pain Page(s): 82, 83.

Decision rationale: The request for Ultram 50mg one tablet by mouth every twelve hours for neck pain with food is non-certified. California Medical Treatment Utilization Schedule states that tramadol (Ultram) is an opioid analgesic and is not recommended as a first line therapy. There is no report in the document submitted of other medications that have been tried and failed. Diagnostic studies were not submitted and there is no report of physical therapy. Therefore, the request is not medically necessary.