

<b>Case Number:</b>	CM14-0036367		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Medicine, and is licensed to practice in Florida. 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 47-year-old male with a reported date of injury on 09/17/2012. The mechanism of injury reportedly occurred when the injured worker was struck by a bucket from a backhoe while performing duties as a construction worker. The injured worker presented with right shoulder tenderness to palpation over the supraspinatus tendon. Upon physical examination, the injured worker revealed palpable spasms present over the trapezius muscles, crepitus upon range of motion in the right shoulder. The injured worker also presented with low back, right knee, and rib pain. The previous physical therapy, chiropractic care, and acupuncture were not provided within the documentation available for review. The clinical note dated 07/02/2013 noted the range of motion of the right knee was revealed as flexion to 130 degrees, extension to 0 degrees, with a grade 4 to 5 muscle weakness in all planes. The range of motion of the right shoulder revealed flexion to 165 degrees, extension to 35 degrees, and abduction to 150 degrees, adduction to 50 degrees, internal rotation to 80 degrees, and external rotation to 60 degrees. The documentation dated 01/14/2014 noted the injured worker's range of motion of the right shoulder revealed flexion to 100 degrees, extension to 25 degrees, abduction to 100 degrees, adduction to 25 degrees, internal rotation to 60 degrees, and external rotation to 50 degrees, with 4/5 weakness upon flexion, abduction, and extension. The lumbar spine MRI dated 08/13/2013 revealed mild to severe disc degeneration at L3-4 with a 2 mm broad-based posterior disc protrusion, and a mild 1 to 2 mm disc protrusion at L4-5 that contributes to mild bilateral L4-5 foraminal encroachment. There was also mild disc degeneration at L2-3 without evidence of neural impingement. In addition, the clinical documentation indicated the injured worker underwent a left shoulder subacromial injection which decreased pain approximately 70% for 2 days with all pain returning to previous levels. The Request for Authorization for prospective

request for 1 prescription of Ultram 50 mg #120 was submitted on 03/03/2014. The rationale was not provided within the documentation available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 1 prescription of Ultram 50mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

**Decision rationale:** The California MTUS Guidelines recommend the ongoing use of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The documentation provided for review indicates that the injured worker has utilized Ultram prior to 07/02/2013. The previous physical therapy, chiropractic care, and acupuncture was not provided within the documentation available for review. The clinical note dated 07/02/2013 noted the range of motion of the right knee was revealed as flexion to 130 degrees, extension to 0 degrees, with a grade 4 to 5 muscle weakness in all planes. The range of motion of the right shoulder revealed flexion to 165 degrees, extension to 35 degrees, and abduction to 150 degrees, adduction to 50 degrees, internal rotation to 80 degrees, and external rotation to 60 degrees. The documentation dated 01/14/2014 noted the injured worker's range of motion of the right shoulder revealed flexion to 100 degrees, extension to 25 degrees, abduction to 100 degrees, adduction to 25 degrees, internal rotation to 60 degrees, and external rotation to 50 degrees, with 4/5 weakness upon flexion, abduction, and extension. According to the clinical documentation provided for review, the injured worker's range of motion has decreased. There is a lack of documentation to the therapeutic and functional benefit of the long-term utilization of Ultram. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the prospective request for 1 prescription of Ultram 50 mg #120 is not medically necessary and appropriate.