

Case Number:	CM14-0039433		
Date Assigned:	06/30/2014	Date of Injury:	07/18/2003
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

According to the records made available for review, this is a 45-year-old female with a 7/18/03 date of injury. At the time (2/5/14) of request for authorization for Ultram 50 mg, there is documentation of subjective (pain in the upper back radiating to bilateral upper extremities with numbness and tingling of the hands and low back pain) and objective (tenderness over the bilateral paracervical musculature with spasm, decreased range of motion of cervical spine, and positive Finkelstein's test) findings, diagnoses (cervical spine spasm, lumbar spine/strain, and right de Quervain's tenosynovitis), and treatment to date (medications (including ongoing treatment with Ultram since at least 11/14/12. There is no documentation of moderate to severe pain and Ultram used as a second-line treatment; that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 perscription of Ultram 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-80; 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, specifically regarding Tramadol, the MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of cervical spine spasm, lumbar spine/strain, and right de Quervain's tenosynovitis. In addition, there is documentation of ongoing treatment with Ultram. However, there is no documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs). In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50 mg is not medically necessary.