

Case Number:	CM14-0042297		
Date Assigned:	06/30/2014	Date of Injury:	03/26/2010
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehab and is licensed to practice in Nevada. 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 records presented for review, indicate that this 54-year-old male was reportedly injured on 3/26/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/10 2014, indicated that there were ongoing complaints of bilateral shoulders pain, bilateral wrists and hands numbness and tingling, and bilateral knees pain. The physical examination was handwritten and partially illegible. Cervical spine had positive tenderness to palpation. Bilateral shoulders had limited range of motion. No recent diagnostic studies were available for review. Previous treatment included chiropractic treatment, acupuncture, physical therapy, and medication. A request had been made for Ultram 50 mg #120 and was not certified in the pre-authorization process on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 82, 113 of 127 Page(s): 82, 113 OF127.

Decision rationale: MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.