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| <b>Case Number:</b>   | CM14-0051698 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 04/07/2011 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 03/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/18/2014 |

### 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:

This 35 year old patient had a date of injury on 4/7/2011. The mechanism of injury was not noted. In a progress noted dated 1/25/2014, subjective findings included pain in neck, which has gotten worse since last visit. On a physical exam dated 1/25/2014, objective findings included flexion =2FB, ext 45". Diagnostic impression shows tendinitis, left shoulder, 4, medial and lateral epicondylitis, left elbow, 5 cubital tunnel syndrome, left elbow, tendinitis, left wrist. Treatment to date: medication therapy, behavioral modification. A UR decision dated 3/19/2014 denied the request for ultram 50mg #200 DOS 1/25/2013, stating that there is no pain level noted to present severity of pain that would require need for opioid level of analgesia on this corresponding date of service. There is no documentation of MTUS opioid compliance guidelines submitted for review, which includes risk assessment profile, attempt at weaning/tapering, updated urine drug screen, and ongoing efficacy, and an updated and signed pain contract between provider and claimant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. On a progress report dated 1/25/2014, the patients pain is reported to have gotten worse since last visit. However, there were objective findings, such as VAS pain score or risk vs benefits discussed to justify the use of this opioid. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screen. Therefore, the request for Ultram 200mg #200 was not medically necessary.