

Case Number:	CM14-0070561		
Date Assigned:	07/14/2014	Date of Injury:	09/02/2011
Decision Date:	08/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 58 year old male with an injury date of 09/02/11. Based on the 04/14/14 progress report provided by the treating physician, the patient complains of sporadic pain in his neck and arm. He has persistent lower back pain and hip pain. The 04/07/14 report states that the patient complains of right shoulder pain, stiffness, and weakness. There is no discussion regarding the medications the patient is taking. The patient's diagnoses include the following, cervical strain, lumbar strain, and right shoulder injury status post surgery 05/14/13, with the treating physician head injury. The treating physician is requesting for Ultram 50 mg qty: 60. The treating physician provided treatment reports from 10/28/13- 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61) Page(s): 60, 61.

Decision rationale: According to the 04/14/14 report by the treating physician, the patient presents with sporadic pain in his neck and arm as well as persistent lower back pain and hip pain. The request is for Ultram 50 mg qty: 60. There is no discussion regarding Ultram in any of the provided reports. The patient has been taking Ultram since 10/28/13, the earliest progress report provided. For long-term use of opiates the MTUS guidelines require documentation of pain and function. The numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial. As such, the request is not medically necessary.