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| Case Number: | CM14-0074585 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 12/27/2010 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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 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 injured worker is a 50 year old female who reported an injury on 12/27/2010 of an unknown mechanism. She had diagnoses of lumbar strain with intermittent lumbar radiculitis, left knee pain status post arthroscopic surgery, right knee pain status post total knee replacement, right and left wrist and hand tenosynovitis with right carpal tunnel syndrome status post carpal tunnel release in 2013, cervical strain (recurrent symptomatology), and thoracic strain (recurrent symptomatology). She had past treatments of oral medications, acupuncture, chiropractic sessions, and physical therapy. The injured worker had x-rays of the bilateral knees a MRI of the left knee and an EMG/NCV. She had left knee arthroscopic surgery 05/08/2013. The injured worker complained of low back pain that radiated into the posterior thigh, upper calves, left knee and right knee pain that she was able to manage, neck and mid upper back pain that was persistent, right and left wrist pain with weakness and numbness of the hands and tingling in the left hand. Examination on 07/03/2014 showed some mild tenderness to the cervical spine, lumbar spine, thoracic spine, right and left wrist and hand, left knee and mild effusion to the right knee with right flexion of 110 degrees and normal gait. Her medications include Norco and Tramadol. The treatment plan was for an MRI of the cervical spine, refill of Ultram 50 mg 2 tablets 3 times a day #180, Norco 10/325 mg 1 tablet daily up to #30 per month for breakthrough pain, Omeprazole 20 mg 1 to 2 tablets daily and Cyclobenzaprine 7.5 mg 1 tablet twice a day for spasms, and Methoderm cream 120 grams equivalent to 4 ounces 1 to 3 thin layers applied to the affected areas up to 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, Two Tablets tid for Pain Control Qty: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Opioid analgesics and Tramadol have been suggested as second line treatments (alone or in combination with first line drugs). The injured worker is already taking an opioid containing medication, Norco. The documentation does not state if this medication is being used due to titration nor does it show that other first line medications were tried prior to starting this medication. As such, the request is not medically necessary and appropriate.