

Case Number:	CM14-0076312		
Date Assigned:	07/18/2014	Date of Injury:	07/25/2003
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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:

This 56 year-old patient sustained an injury on 7/25/2003 while employed by [REDACTED]. During her flight traveling home, her 50-pound roller bag fell from the overhead compartment injuring her neck, left shoulder, and left wrist/hand. Diagnoses include chronic pain, brachial plexus lesion; cervical nerve root lesion/ cervicalgia/ intervertebral disc degeneration; CTS (Carpal Tunnel Syndrome); ulnar nerve lesion; shoulder adhesive capsulitis; and lumbosacral plexus lesion. The patient is s/p left shoulder arthroscopy on 6/16/05; left CTR (Carpal Tunnel Release)/ tenosynovectomy of flexor compartment and epidurolysis on 11/17/03; revision tenosynovectomy of flexor tendons on 6/15/04; left ulnar nerve transposition 9/13/10; decompression of ulnar nerve at cubital tunnel with transposition left 9/21/10; left shoulder debridement 11/26/11 and revision of carpal tunnel median nerve/ tenosynovectomy on left wrist on 1/8/13. Electrodiagnostic study of 9/8/03 showed mild left CTS; repeat study on 9/21/11 showed left ulnar nerve sensory delay. Medications list Ultram, Lyrica, Wellbutrin, Fexmid, Effexor, Celebrex, Protonix, and Ambiten. Conservative treatment include physical therapy, medications, stellation ganglion blocks, left shoulder steroid injection, and modified activities/rest. Request(s) under consideration include Ultram 100 mg TB24 #30. The request(s) for Ultram 100 mg TB24 #30 was non-certified on citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 100 MG TB24 #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 80, 93, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) , On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96.

Decision rationale: Report of 4/23/14 from the provider noted patient with unchanged or worse pain that was constant rated at 8/10. No physical exam was documented with treatment for medications. Request(s) under consideration include Ultram 100 mg TB24 #30. The request(s) for Ultram 100 mg TB24 #30 was non-certified. Previous peer review of 10/29/13 and 3/28/14 both recommended weaning the Tramadol with partial-certification of requests for patient on opioids since at least 2005. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Ultram 100 mg TB24 #30 is not medically necessary.