

Case Number:	CM14-0096581		
Date Assigned:	07/25/2014	Date of Injury:	10/25/1998
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 injured worker is a 58 year-old female who was reportedly injured on 10/25/1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/6/2014, indicates that there are ongoing complaints of neck pain that radiates to the left upper extremity and bilateral knee pain. The physical examination demonstrated left upper extremity pain, left mild swelling of the thenar region with tenderness to palpation, and bilateral knee decreased and painful range of motion. There were no recent diagnostic studies available for review. Previous treatment includes surgery, physical therapy, and medications. A request was made for Ultram 50 mg, #60 was non-certified in the pre-authorization process on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

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

Decision rationale: California Medical Treatment Utilization Schedule treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not medically necessary.