

Case Number:	CM14-0132619		
Date Assigned:	08/20/2014	Date of Injury:	12/21/2011
Decision Date:	12/16/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 48 year old female with a date of injury of December 21, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, other specified disorders of the bursae and tendons in the shoulder, lumbago, and chondromalacia of the patella. Medical records dated June 23, 2014 indicate that the injured worker complained of bilateral wrist and shoulder pain, lower back pain, and left knee pain. Records also indicate that the pain was rated at a level of 5 out of 10 and 10 out of 10 without medications, and that the medications have provided functional improvement by allowing her to work at home and doing household chores. A progress note dated August 6, 2014 documented complaints similar to those reported on June 23, 2014 with pain rated at a level of 6 out of 10. Per the treating physician (August 6, 2014), the employee was to return to modified work (specifics of restrictions not documented). The physical exam dated June 23, 2014 reveals decreased range of motion of the cervical spine, marked loss of range of motion of the right shoulder, positive crossed arm impingement sign of the right shoulder, diffuse tenderness of the anterior glenohumeral, exquisite tenderness of the insertion of the supraspinatus tendon, marked decrease in bilateral grip strength, tenderness in the bilateral forearms, decreased range of motion of the lower back, tenderness of the left knee, and mild tenderness to palpation at the

left patellar tendon. The progress note dated August 6, 2014 documented a physical examination that showed no changes since the examination performed on June 23, 2014. Treatment has included medications (Ultram since at least February of 2014; Ibuprofen and Trazodone). Recent urine drug screen results were not documented in the submitted records. The utilization review (August 8, 2014) partially certified a request for Ultram 50mg #60 (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 12, 13 83 and 113 of 127. This claimant was injured in 2011 with cervicalgia, other specified disorders of the bursae and tendons in the shoulder, lumbago, and chondromalacia of the patella. Treatment has included medications. The Ultram was in use since at least February of 2014. Ibuprofen and Trazodone were also used. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.