

Case Number:	CM14-0173731		
Date Assigned:	10/27/2014	Date of Injury:	10/04/2011
Decision Date:	01/22/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine, 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 an injured worker with a history of right wrist and right shoulder injury. Date of injury was 10-04-2011. Primary treating physician's evaluation report dated February 19, 2014 documented that the patient developed right wrist, knees and low back pain while at work on October 04, 2011. Diagnoses included chronic sprain and strain of cervicothoracic spine and associated musculoligamentous structures, chronic tendinitis and impingement of both shoulders, bilateral tennis elbow and bilateral carpal tunnel syndrome, bilateral wrist strains, bilateral carpal tunnel syndrome, chronic sprain strain of lumbosacral spine and associated musculoligamentous structures with multilevel lumbar disc disease, status post left knee surgery, obesity, diabetes mellitus, hypertension, and left superficial peroneal sensory neuropathy. History and physical note dated 3/24/14 documented a physical examination. Lungs were clear. Holosystolic murmur was noted. Medical history included mitral insufficiency, impaired ventricular function, Morbid obesity, Diabetes mellitus, Status post partial amputation of the right thumb, Status post appendectomy, Sleep apnea, and Chronic obstructive pulmonary disease. Procedure report 03/31/2014 documented median sternotomy open heart mitral valve replacement. Diagnoses were mitral insufficiency, morbid obesity, obstructive sleep apnea, diabetes mellitus, and mitral insufficiency. Primary treating physician's progress report dated 9/10/14 documented right wrist complaint. Tramadol (Ultram) was requested. Utilization review determination date was 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60, refills: 4, Quantity: 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 47-48, 181-183, 212-214, 271-273, 308-310, 346-347, Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96; 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. MTUS Chronic Pain Medical Treatment Guidelines address opioids. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, knee, shoulder, forearm, wrist, and hand conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Primary treating physician's progress report dated 9/10/14 documented a request for Tramadol (Ultram), but did not document objective findings. No physical examination was documented in the 9/10/14 progress report. Without documentation of objective findings, the request for Tramadol is not supported. Therefore, the request for Tramadol 50mg #60, refills: 4, Quantity: 300 is not medically necessary.