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| Case Number: | CM14-0180739 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 05/21/2010 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 underlying date of injury in this case is 5/21/2011. The Utilization Review under appeal is dated 10/8/2014. A primary treating physician's progress note of 9/26/2014 is handwritten and only marginally legible, similar to multiple other PR-2 reports. This form appears to outline ongoing multifocal pain including in the right elbow, the right wrist, and the right shoulder. The treatment recommendation included a request for continued acupuncture, a surgical consultation to the shoulder and continued analgesic medication.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management, page 178 discussed the four A's of opioid management. These guidelines recommend ongoing review and documentation of pain relief and particularly the functional status and the presence or absence of

aberrant behavior and recommend titrating opioids based on the lowest dosage necessary to achieve functional gain. The medical records in this case are limited and/or illegible and do not contain this detail recommended in the four A's of opioid management. This request is not medically necessary.