

Case Number:	CM14-0191119		
Date Assigned:	11/24/2014	Date of Injury:	06/17/2010
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 New York. 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 review indicates the injured worker is a 45 year old female who sustained an industrial injury on 06/17/10. The mechanism of injury was not provided for review. Her diagnoses include low back pain, bilateral shoulder pain, right knee, right hip, bilateral ankle and foot pain. She continues to complain of low back, right hip, right knee and bilateral ankle pain. She is status post right Achilles tendon repair in 09/17/2014. On physical exam there is decreased range of lumbar motion. There is tenderness over the paraspinal muscles and positive straight leg raise on the right at 70 degrees. There is slight decreased strength and sensation on the right 4/5 at L4, L5 and S1 and normal strength and sensation 5/5 on the left at L4, L5, and s1. Deep tendon reflexes were +2 bilaterally. There is decreased range of motion of the shoulders with flexion 140 degrees, abduction 110 degrees, extension and adduction of 40 degrees, and internal rotation of 60 degrees and external rotation of 70 degrees. Treatment in addition to surgery has included medical therapy with Tramadol. The treating physician has requested Ultram (Tramadol) 50mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94 - 96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines, there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this injured worker. The injured worker may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.