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| <b>Case Number:</b>   | CM14-0193125 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 10/22/2009 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2014 |

### 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 Occupational 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 injured worker is a represented employee who has filed a claim for chronic wrist, neck, shoulder, and arm pain reportedly associated with an industrial injury of October 22, 2009. In a Utilization Review Report dated October 30, 2014, the claims administrator partially approved a request for Ultram for weaning purposes. In a July 14, 2014 progress note, the injured worker reported multifocal complaints of wrist, neck, forearm, and knee pain. A stellate ganglion block was sought. The note was quite difficult to follow and mingled old complaint with current complaints. The injured worker stated that his pain complaints were limiting his ability to work, interact with family members, socialize, and perform recreational activities. The injured worker's pain was interfering with his sleep, work, finances, and familial relations. The attending provider suggested that the injured worker remained on Naprosyn, Prilosec, Ultram (tramadol), Norco, and Ambien. The injured worker was status post earlier wrist surgery, it was stated. The injured worker's work status was not provided, although it did not appear that the injured worker was working. In a progress note dated June 27, 2014, the injured worker's hand surgeon apparently placed the injured worker off of work, on total temporary disability. It was stated that the injured worker was a candidate for a right shoulder surgery as well. On July 31, 2014, the injured worker was placed off of work, on total temporary disability. It was stated that the injured worker was status post right hand surgery and rotator cuff repair surgery some five weeks prior. In an August 12, 2014 progress note, the injured worker was described as status post shoulder surgery on June 19, 2014 and status post wrist surgery on April 12, 2014. A stellate ganglion block was sought. The injured worker did not appear to be working with previously imposed permanent limitations in place. Topical compounded medications, Naprosyn, tramadol, Prilosec, Norco, and Ambien were endorsed. The attending provider suggested that the injured worker undergo work conditioning therapy. The attending provider

stated that the injured worker was a qualified injured worker and had been unable to find work for the past one and a half years, since being declared permanent and stationary. In a progress note dated August 28, 2014, the injured worker was placed off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy on this occasion. On September 10, 2014, the injured worker was again given refills of Naprosyn, Prilosec, tramadol, Norco, and Ambien. The injured worker was again described as a qualified injured worker. The injured worker was not working. A topical compounded medication was also endorsed. The attending provider again stated that the injured worker's multifocal pain complaints were causing emotional, marital, and financial disturbances. The injured worker's pain complaints were limiting his ability to perform recreational activities, work activities, and home activities, it was reiterated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 150mg #60 (MED 90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78, 80-81, 86-87, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. However, the injured worker was/is off of work. The injured worker continues to report on several office visits, referenced above, that pain was limiting his ability to perform work activities, home activities, and recreational activities. The attending provider failed to outline any meaningful improvements in function and/or quantifiable decrements in pain achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.