

<b>Case Number:</b>	CM14-0030433		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Rehab 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:

According to the records made available for review, this is a 49-year-old male with a 6/17/13 date of injury. At the time (1/8/14) of request for authorization for Retrospective DOS: 1/8/2014: Ultram 50mg, #120, there is documentation of subjective (right wrist/forearm, right shoulder, and low back pain) and objective (tenderness over the right subacromial region, acromioclavicular joint, supraspinatus tendon, , lumbar paraspinal musculature and right sacroiliac joint; positive sacroiliac test; positive Yeoman's test; positive straight leg raising test with no radicular component; positive impingement sign; and negative Tinel's test) findings, current diagnoses (lumbar musculoligamentous sprain/strain with right sacroiliac joint sprain, right shoulder impingement syndrome, and right wrist/forearm sprain with suspicion of tear of the triangular fibrocartilage complex), and treatment to date (activity modification). Medical reports identify that Ultram is prescribed with Voltaren XR. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and moderate to severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 1/8/2014: Ultram 50mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous sprain/strain with right sacroiliac joint sprain, right shoulder impingement syndrome, and right wrist/forearm sprain with suspicion of tear of the triangular fibrocartilage complex. In addition, given documentation that Ultram is prescribed with NSAID, there is documentation of Ultram used as a second-line treatment (in combination with first-line drugs). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. Therefore, based on guidelines and a review of the evidence, the request for Retrospective DOS: 1/8/2014: Ultram 50mg, #120 is not medically necessary.