

Case Number:	CM14-0038016		
Date Assigned:	06/25/2014	Date of Injury:	08/08/2012
Decision Date:	01/07/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Orthopedic Surgery, 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 a 44-year-old male who has submitted a claim for persistent left shoulder tendinopathy and left carpal tunnel syndrome associated with an industrial injury date of August 8, 2012. Medical records from 2014 were reviewed. The patient complained of persistent pain, stiffness and weakness of the left shoulder. He likewise complained of morning numbness and tingling sensation to the left hand. Physical examination of the left shoulder showed tenderness and crepitus. Both Hawkin's and Neer signs were positive. Tenderness was noted over the carpal tunnel with positive Tinel's sign. Urine drug screen from February 26, 2014 showed inconsistent result with prescription medications. Treatment to date has included physical therapy, Voltaren, Protonix, and tramadol (since January 2014). Utilization review from March 24, 2014 denied the request for tramadol ER 150 mg, #30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, adverse side effects, physical and psychosocial functioning with activities of daily living, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Ultram since January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, urine drug screen from February 26, 2014 showed inconsistent result with prescription medications and there had been no management response concerning this issue. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram ER 150 mg #30 is not medically necessary.