

Case Number:	CM15-0004837		
Date Assigned:	01/16/2015	Date of Injury:	07/25/2012
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 50 year old female, who sustained an industrial injury on July 25, 2012. She has reported the onset of neck pain that gradually worsened along with pain to her right shoulder. The diagnoses have included mild degenerative disk disease cervical spine with chronic neck pain and status-post arthroscopic labral repair and subacromial decompression of the right shoulder. Treatment to date has included surgery, diagnostic studies, physical therapy and medications. Currently, the injured worker complains of posterior neck pain and pain radiating to the top of the right shoulder, as well as occasional pain in the shoulder blade posteriorly. She rated her pain as a 4-7 on the 1-10 pain scale. She feels that her right shoulder surgery resulted in no benefit. On December 18, 2014, Utilization Review non-certified Ultram 50 miligrams #30, noting the Medical Treatment Utilization Schedule Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Ultram 50 miligrams #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol), Opiate analgeic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram[®]; ½)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Ultram 50mg #30 is not medically necessary.