

Case Number:	CM15-0131199		
Date Assigned:	07/17/2015	Date of Injury:	06/20/2013
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 54 year old female, who sustained an industrial injury on 06/20/2013. The injured worker is currently able to work with modifications. The injured worker is currently diagnosed as having cervical strain, lumbar disc herniation, lower extremity radicular pain, right shoulder rotator cuff syndrome, superior labral tear from anterior to posterior lesion with partial tear of the supraspinatus and subdeltoid subacromial bursitis per MRI, right knee strain, and right knee arthralgia with negative MRI. Treatment and diagnostics to date has included physical therapy to the lumbar spine and medications. In a progress note dated 06/08/2015, the injured worker presented with complaints of cervical spine (pain level 6/10), lumbar spine (8/10), right shoulder (8/10), and right knee pain (8/10). The injured worker reported improvement in her pain level from 8/10 down to 4/10 after taking medications. Objective findings include decreased range of motion to cervical and lumbar spines with tenderness over the paraspinals. The treating physician reported requesting authorization for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and 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. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.