

Case Number:	CM15-0162324		
Date Assigned:	08/28/2015	Date of Injury:	04/05/2012
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 4-5-2012. She reported pain in the back of her hand, headaches, neck cramping, bilateral shoulder pain and pain in the arms, elbows, wrists, hands and fingers. Diagnoses have included cervical spine sprain- strain, shoulder bursitis, lumbar spine sprain-strain and carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), shockwave therapy and medication. According to the progress report dated 7-3-2015, the Qualified Medical Evaluation recommended carpal tunnel syndrome release, cubital tunnel release and radial release. The injured worker had rotator cuff syndrome of both shoulders with impingement. The report was hand written and difficult to decipher. Authorization was requested for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for neck pain, headaches, and bilateral upper extremity pain. Ultram has been prescribed since at least October 2014. When seen, she was performing a home exercise program. She had multiple complaints. Physical examination findings included decreased spinal range of motion. Her BMI is over 36. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.