

Case Number:	CM15-0163381		
Date Assigned:	08/31/2015	Date of Injury:	12/09/2013
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 12-09-2013. He has reported subsequent neck and bilateral shoulder pain and numbness of the right hand and fingers, and was diagnosed with bilateral carpal tunnel syndrome, right cubital tunnel syndrome, status post right shoulder rotator cuff repair with recurrent tear, left shoulder impingement syndrome, C4-C5 and C5-C6 discogenic pain and stress and depression. MRI of the right shoulder dated 04-06-2015 showed residual or recurrent full thickness rotator cuff tear involving the distal supraspinatus tendon measuring 1.5 cm in diameter, moderate subacromial bursitis, mild osteoarthritis of the right acromioclavicular joint and moderate impingement tendinosis involving the tendon for the long head of the biceps. Treatment to date has included oral and topical medication, corticosteroid injection, physical therapy and surgery which were noted to have failed to significantly relieve the pain. A physician progress note 04-09-1999 notes that the injured worker reported addiction problems with past use of Vicodin. It's unclear from the medical records submitted as to when Tramadol was first prescribed but the 06-29-2015 progress note indicates that the injured worker would "continue with his bracing and oral medication, Ultram 50 mg with two refills". On 06-29-2015 the injured worker reported increasing numbness of the small, ring, middle and index fingers with lose of strength. The injured worker also reported that he had been unable to use his arm for a long period of time as a result of the industrial injury and felt very depressed. Objective examination findings showed positive Tinel's sign over the cubital and carpal tunnel, positive elbow flexion test, median nerve compression test and Phalen's test on the right side, decreased sensation to median and ulnar nerve distribution

to the right hand and decreased pinch strength, finger adduction and grip strength. Work status was documented as temporarily totally disabled. A request for authorization of Ultram 50 mg with two refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right and left carpal tunnel syndrome; right cubital tunnel syndrome; status post right shoulder rotator cuff repair with recurrent tear; left shoulder impingement syndrome; C4-C5 and C5-C6 discogenic pain; and stress and depression. Date of injury is December 9, 2013. Request for authorization is August 13, 2015. According to a progress note dated July 19, 2014, current medications included Ultram 50 mg. According to a June 29, 2015 progress note, subjective complaints included increased numbness to the small finger, ring finger and middle finger and index finger. Objective findings included positive Tinel's over the cubital tunnel and carpal. There is decreased sensation to median and ulnar nerve distribution right hand. The treating provider requested Ultram 50 mg. There was no Ultram quantity listed. There is no documentation demonstrating objective functional improvement to support ongoing Ultram. There are no detailed pain assessments and medical record. There were no risk assessments in the medical record. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no Ultram quantity listed, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Ultram 50 mg with two refills is not medically necessary.