

Case Number:	CM15-0180986		
Date Assigned:	09/22/2015	Date of Injury:	01/12/2009
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on January 1, 2009. On August 25, 2015, the injured worker complained of continued stiffness in her right shoulder. She reported more numbness and tingling in the bilateral upper extremities. She rated her pain on average of 6 on a 10-point scale and a 9 on a 10-point scale without medications. Her pain rating on July 27, 2015 was on average 5 on a 10-point scale and 9 on a 10-point scale without medications. She reported that her medications provided better control of her pain. She reported that since her previous visits, her pain has decreased moderately and the medications are working well. Her level of functionality had stayed the same. Her medications included amitriptyline Hcl 25 mg, Ultram ER 100 mg, Motrin 800 mg and Norco 10-325 mg. She has used Tramadol since at least October 25, 2013. On physical examination, the injured worker had restricted range of motion of the right shoulder with flexion limited to 100 degrees, extension limited to 30 degrees and abduction limited to 90 degrees. Jobe's test was positive. She had tenderness to palpation at the coracoid process and glenohumeral joint. Her left wrist was tender to touch. Treatment to date has included right shoulder arthroscopic surgery, twenty-four sessions of physical therapy for the right shoulder, home exercise program and twelve sessions of hand therapy. The injured worker was diagnosed as having pain in joint of the shoulder, enthesopathy, and elbow-forearm-wrist injury. A request for authorization for Ultram ER 100 mg #60 was received on August 28, 2015. On September 2, 2015, the Utilization Review physician determined Ultram ER 100 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg Qty: 60.00: 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, Opioids for neuropathic pain, Opioids, specific drug list, Opioids, criteria for use.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant has been on Ultram for several years. Long-term use is not recommended. It was used in combination with Norco and Amitryptilline. Pain score reduction attributed to Tramadol is unknown. Continued and chronic use of Tramadol is not medically necessary.