

Case Number:	CM15-0188200		
Date Assigned:	10/19/2015	Date of Injury:	06/03/2010
Decision Date:	12/04/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who sustained an industrial injury on 6-3-10. A review of the medical records indicates that the worker is undergoing treatment for the cervical spine and bilateral shoulders. (The progress report was handwritten and portions were difficult to decipher). Subjective complaints (8-5-15) include neck pain with bilateral upper extremity radiculitis and bilateral shoulder pain with decreased range of motion, pain is rated at 8 out of 10. A flare up of symptoms secondary to duties at work (6-22-15) is noted. Chiropractic treatment is reported to have been helpful in the past to decrease pain and increase range of motion, allowing her to continue working with decreased medication use. Objective findings (8-5-15) included unchanged tender cervical paraspinals with spasms, and flexion of 42 degrees and extension of 44 degrees, bilateral shoulder tenderness, positive impingement. Work status is noted as return to usual and customary duties on 8-5-15. The requested treatment of Ultram 50mg #120 was modified to Ultram 50mg #50 on 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #120: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: Review indicates the request for Ultram was modified to #50 for weaning purposes. Report in June 2015 noted flare-up of symptoms; however, the patient has continued to currently work without issues. Submitted documents show the patient with continued chronic symptoms, but are able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from modified treatment request. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there are no current red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2010 injury. The Ultram 50 MG #120 is not medically necessary and appropriate.