

Case Number:	CM15-0188286		
Date Assigned:	09/30/2015	Date of Injury:	09/12/2014
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
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: 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 51 year old male, who sustained an industrial injury on 9-12-14. The injured worker is being treated for left orbital fracture, left temporomandibular joint fracture, left shoulder sprain-strain with superior labral tear with acromioclavicular joint degenerative joint disease with tendinitis, status post left elbow open reduction and internal fixation with non-united fractures, lumbar sprain-strain with disc disease and left knee sprain-strain with internal derangement with medial meniscus tear. Treatment to date has included oral medications including Acetaminophen 500mg, left elbow open reduction-internal fixation, physical therapy and activity modifications. On 8-13-15, the injured worker complains of left shoulder pain, left elbow limited range of motion with tingling and numbness on left cubital tunnel and clicking, catching popping of left knee pain. Work status is noted to be modified duties. Physical exam performed on 8-13-15 revealed positive impingement of left shoulder with tenderness in the subacromial area and slight weakness in the rotator cuff; restricted range of motion of left knee and tenderness on medial side of left elbow with cubital tunnel symptoms with dysesthesias in the fifth digit. On 8-27-15 a request for authorization was submitted for Ultram 50mg #60 with 1 refill. On 9-3-15 a request for Ultram 50mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

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 and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tylenol # 3 prior to Tramadol Pain scores were not noted. Failure of Tylenol and NSAIDS was not noted. he use of Tramadol is not justified and no one opioid is superior to another. The request for Tramadol is not medically necessary.