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| Case Number: | CM15-0190086 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 10/06/2014 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 38 year old male, who sustained an industrial injury on October 6, 2014, incurring head, left shoulder and upper back injuries. He was diagnosed with left shoulder impingement syndrome, and labral tear and cervical radiculopathy. Treatment included diagnostic imaging, physical therapy, pain medications, anti-inflammatory drugs, orthopedic and neurology consultation, and limited activity. The injured worker had been ordered on Ultram since the date of his injury. Currently, the injured worker complained of neck pain radiating down into his upper extremities with intermittent numbness and tingling in the hands and wrists. The injured worker reported restricted range of motion with flexion and extension of his neck. He complained of ongoing complaints of pain in the left shoulder with weakness, stiffness and instability. He was noted to have decreased sensation of the upper extremities and tenderness in the left shoulder with limited range of motion. The treatment plan that was requested for authorization on September 28, 2015, included a prescription for Ultram 50 mg, #30 with 2 refills. On September 14, 2015, a request for a prescription for Ultram 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 #30 with 2 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, Opioids for neuropathic pain.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. 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 provided Voltaren and Ultram together for neck and shoulder pain. Pain scores were not noted. Future response and need for controlled substances cannot be determined. The Ultram with 2 refills is not medically necessary.