

Case Number:	CM15-0192585		
Date Assigned:	10/06/2015	Date of Injury:	12/31/2003
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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, North Carolina
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 female who sustained an industrial injury 12-31-03. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine sprain and strain. The notes are handwritten and difficult to decipher. Medical records (08-31-15) reveal the injured workers complaints but they are difficult to decipher. The physical exam (06-30-15) reveals tenderness in the cervical spine. Again, the records are handwritten and difficult to decipher. Prior treatment includes medications and acupuncture. The original utilization review (09-23-15) non certified the request for Ultram 50mg #120. The documentation supports that the injured worker has been on Ultram since at least 06-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultram 50mg, (unspecified frequency & duration) qty 120, refills; 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that Ultram (Tramadol) is a centrally-acting synthetic opioid indicated for treatment of chronic pain. In this patient, the date of injury was in 2003; however, the patient continues to have chronic pain of the right shoulder and neck. There is no objective assessment presented of significant pain relief or functional improvement demonstrating the efficacy of Ultram. In addition, the frequency and duration of Ultram is not specified. Therefore, the request is not medically necessary or appropriate.