

Case Number:	CM15-0198372		
Date Assigned:	10/13/2015	Date of Injury:	01/17/2013
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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: Emergency Medicine

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 59 year old male who sustained an industrial injury on 01-17-2013. According to a progress report dated 09-16-2015, chief complaints included right shoulder symptoms, neck pain and bilateral hand pain. The injured worker reported hand pain that was described as dull, aching, throbbing and sharp. Associated symptoms included numbness and weakness. Surgery had been authorized. The injured worker also reported neck pain that was described as throbbing, stabbing and sharp. Pain radiation right upper extremity was noted. The provider noted that the condition was showing no improvement. Pain level was not documented using a VAS scale in this report. Current medications included Tramadol and Prilosec. Diagnostic impression included cervical spondylosis without myelopathy, herniated nucleus pulposus, impingement syndrome, fracture scapula glenoid right, contracture elbow right, fracture five ribs close, SS wrist right, plantar fasciitis left, brain injury not elsewhere classified with concussion, postcontusional syndrome and carpal tunnel syndrome right. The treatment plan included Ultracet 325 mg-37.5 mg 1-2 tabs orally twice per day 30 days #60 with 1 refill and continued wrist splint support. Work status included modified duties. Follow up was indicated in 2 weeks. A urine toxicology performed on 09-16-2015 was negative for Tramadol and noted as inconsistent. Documentation shows long term use of Tramadol dating back to May 2015. On 09-25-2015, Utilization Review modified the request for retrospective 1 prescription of Tramadol (Ultracet) 325 mg #60 with 1 refill date of service 09-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 prescription of Tramadol (Ultracet) 325mg #60 with 1 refill (DOS 09/16/2015): 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, criteria for use.

Decision rationale: Tramadol is a direct Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation by provider of any improvement in pain or functional status. Patient has had positive urine drug screens with Meperidine (a synthetic opioid) that is not noted as being prescribed. There is no documentation of any plan and refills are strongly discouraged by MTUS guidelines due to lack of monitoring. Not medically necessary.