

Case Number:	CM15-0200774		
Date Assigned:	10/15/2015	Date of Injury:	11/02/2013
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male, who sustained an industrial injury on November 2, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right rotator cuff tendinitis, rule out internal derangement and right wrist tendinitis. Treatment to date has included diagnostic studies, injection without benefit and medications. According to the medical records reviewed, Ultram was prescribed on April 27, 2015. On August 31, 2015, the injured worker was noted to continue to be symptomatic. Physical examination revealed tenderness of the right shoulder. The treatment plan included an MRI of the right shoulder, Ultram, orthopedic shoulder evaluation and a follow-up visit. On September 14, 2015, utilization review denied a request for Ultram 50mg #60 refill times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 refills 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for injuries to the right shoulder and wrist. In March 2015, a shoulder injection had not helped. In June 2015 extra strength Tylenol was prescribed. In July 2015 he continued to be symptomatic. He was performing a home exercise program. He was taking medications for pain relief. Tramadol was prescribed. When seen, an orthopedic evaluation and MRI had been recommended. There was shoulder tenderness and decreased range of motion. There was decreased strength at 5-/5. Diagnoses were right rotator cuff and wrist tendinitis. Ultram (tramadol) was continued for moderate pain. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication, since recently prescribed, is providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.