

Case Number:	CM15-0202778		
Date Assigned:	10/19/2015	Date of Injury:	03/09/2013
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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 58 year old male who sustained an industrial injury on 3-9-13. A review of the medical records indicates he is undergoing treatment for cervical disc syndrome, cervical radiculopathy, cervical sprain and strain, right rotator cuff tear, right shoulder internal derangement, right knee internal derangement, right knee sprain and strain, and headaches. Medical records (8-27-15) indicate that the injured worker complains of constant achy, sharp, shooting and burning pain in the cervical spine with associated headaches, constant right shoulder pain, rating pain "8 out of 10", and sharp and shooting pain in the right knee, rating "7 out of 10". The physical exam (8-27-15) reveals diminished range of motion of the cervical spine, right shoulder, and right knee. Diagnostic studies have included an EMG-NCV of bilateral upper extremities, MRIs of the right knee, shoulder, and cervical spine, and urine drug screening. Treatment has included acupuncture, chiropractic treatments, trigger point injections, cervical epidural steroid injections, compound topical creams, and medications. His medications include Prilosec, Cyclobenzaprine, Norco, and Naproxen (7-2-15). The treatment plan on 8-27-15 includes medications of Cyclobenzaprine, Naproxen, Prilosec, and Ultram, as well as requests for authorization for a cervical epidural steroid injection, acupuncture, physical therapy, physiotherapy, and a urine drug screen. The injured worker is not working. The utilization review (9-23-15) includes a request for authorization of Ultram 150mg #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #30: 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: 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. Although it may be a good choice in those with back pain, the claimant's pain scores reduction with Tramadol use were not noted. In addition, the claimant had been on Norco and Tramadol for several months. No one opioid is superior to another. Continued and chronic use of Tramadol is not medically necessary.