



Case Number:	CM15-0206675		
Date Assigned:	10/23/2015	Date of Injury:	12/16/2014
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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 45 year old female, who sustained an industrial injury on 12-16-2014. The injured worker was being treated for cervical spine sprain and strain with cervical 6 radiculopathy and right shoulder impingement syndrome. The injured worker (7-7-2015) reported ongoing neck and right upper extremity pain. Associated symptoms included burning, weakness, warmth, giving way, and tenderness. She rated the neck, right shoulder, and right elbow pain as 8 out of 10. She rated the right hand and wrist pain as 3 out of 10. She reported her medications improve her symptoms. The physical exam (7-7-2015) revealed neck flexion and extension of 70 degrees, 10 degrees of external and internal rotation, a positive shoulder impingement sign, tenderness over the right lateral epicondyle, and numbness and tingling in the C6 (for example the first dorsal web space). The treating physician noted right wrist flexion and extension of 90 degrees. The treating physician (8-4-2015) noted a long-standing history of right shoulder pain. The treating physician noted that prior assessment revealed weakness, compromised motion, and limited subjective strength with objective findings on examination. The physical exam (8-4-2015) revealed the injured worker's pain level was 7 out of 10, weakness in forward flexion and abduction of the shoulder, and compromised motion due to pain. The treating physician noted positive Jobe's and Speed's tests, positive impingement, and pain with cross-arm adduction. The injured worker (9-14-2015) reported ongoing neck and right upper extremity pain. The treating physician's report (9-14-2015) did not include documentation of a physical exam. There was no signed opioid pain agreement, risk assessment, or recent urine drug screen to verify compliance with Ultram in the provided medical records. Per the treating physician (9-9-2015 report), the injured worker has no history of illicit drug use or prescription misuse. Treatment has included physical therapy, acupuncture, work modifications, and medications including pain (Tramadol since at least 9-2015), Prilosec, and Naprosyn. On 9-15-2015, the requested treatments included Ultram 50mg. On 9-25-2015, the original utilization review non-certified a request for Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Qty: 120: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.