

Case Number:	CM15-0020176		
Date Assigned:	02/09/2015	Date of Injury:	07/01/2012
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old male, who sustained an industrial injury on 7/1/12. He has reported pain in the neck, mid-back, left shoulder and left wrist. The diagnoses have included cervical sprain, thoracic sprain, right shoulder and left wrist sprain. Treatment to date has included x-rays/MRI, pulmonary function test, acupuncture, extracorporeal shockwave procedure and oral medications. As of the PR2 dated 12/16/14, the injured worker reports left shoulder pain and decreased range of motion and strength. The treating physician noted impingement and a positive Hawkins signs. The treating physician requested Ultram ER 150mg #60 x 5 refills. On 1/23/15 Utilization Review non-certified a request for Ultram ER 150mg #60 x 5 refills. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/27/15, the injured worker submitted an application for IMR for review of Ultram ER 150mg #60 x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As of the visit on 1/15/14, the patient was to be stopped on Tramadol to avoid interaction with his antidepressant. It is unclear from the records if this patient has continued to antidepressant and is on Norco and not tramadol. As such, the request for Ultram ER 150mg #60 with 5 refills is not medically necessary.