

Case Number:	CM15-0021801		
Date Assigned:	02/11/2015	Date of Injury:	07/26/2014
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: Texas, 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:

This is a 29 year old male patient who sustained an industrial injury on 7/26/2014. He sustained the injury due to repetitive works. The diagnoses were cervical, thoracic, and lumbar spine strain/sprain, bilateral shoulder periscapular strain, right shoulder degenerative disease, bilateral elbow strain and spondylosis and bilateral wrist tendinitis. Per the doctor's note dated 12/15/2014, he had complained of spinal pain and locking of the bilateral long fingers, bilateral shoulder pain rated 8 to 9/10 with reduced range of motion. Physical examination revealed tenderness in the lumbar spine, right shoulder and bilateral wrists and decreased range of motion. The current medications list includes tramadol ER, zanaflex, naproxen and mirtazepine. He has undergone left upper extremity fracture repair. The treatments were braces, acupuncture, chiropractic therapy and medications. The Utilization Review Determination on 1/27/2015 non-certified Ultram ER 150MG #60, citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm,

Wrist & Hand, [http://www.ncbi.nlm.gov/pmc/articles/PMC3585899/Ultrasound-Guided Injection of a Corticosteroid and Hyaluronic Acid](http://www.ncbi.nlm.gov/pmc/articles/PMC3585899/Ultrasound-Guided-Injection-of-a-Corticosteroid-and-Hyaluronic-Acid)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Ultram ER 150MG #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had spinal pain and locking of the bilateral long fingers, bilateral shoulder pain rated 8 to 9/10. He is noted to have significant objective evidence of abnormalities on physical exam, lumbar spine, tenderness in the lumbar spine, right shoulder and bilateral wrists and decreased range of motion with history of left upper extremity fracture repair. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram ER 150MG #60 is medically appropriate and necessary to use as prn during acute exacerbations.