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| Case Number: | CM15-0036917 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 06/03/2008 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 64 year old male, who sustained a work/ industrial injury on 6/3/08. He has reported symptoms of neck, left shoulder, and low back pain. Prior medical history was not documented. The diagnoses have included lumbar spinal stenosis without neurogenic claudication. Treatments to date included physical therapy (8 sessions), acupuncture, and medication. Medications included Tramadol. Per the primary treating physician's report on 1/21/15, the injured worker complained of neck, left shoulder, and low back pain. Examination noted neck at 70 degrees flexion and extension, the deltoids, biceps, triceps, and wrist flexor extensors were 5/5. The left shoulder had 160 degrees of abduction and negative shoulder impingement. Treatment plan was for physical therapy, pain management to include Tramadol (Ultram). On 2/10/15, Utilization Review non-certified Ultram 50mg, quantity 120, citing the Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are left shoulder pain; neck pain; and low back pain. The documentation in the medical record indicates Tramadol was prescribed as far back as August 21, 2014. The documentation was otherwise illegible in a hand written progress note. A progress note dated January 21, 2015 indicates Tramadol 50 mg QID PRN is still being prescribed to the injured worker. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation indicating objective functional improvement with ongoing Tramadol. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Tramadol, Tramadol (Ultram) 50 mg #120 is not medically necessary.