

<b>Case Number:</b>	CM15-0037917		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of February 22, 2010. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Ultram (tramadol). The claims administrator referenced a January 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the attending provider noted that the applicant had ongoing complaints of shoulder, neck, and wrist pain status post earlier wrist ORIF surgery. Tramadol was endorsed, without any discussion of medication efficacy. On December 18, 2014, the applicant was given a 26% whole-person impairment rating. Tramadol was renewed, again without any discussion of medication efficacy. Permanent work restrictions were renewed. It was not stated whether the applicant was or was not working with said limitations in place. In a February 12, 2015 progress note, the attending provider stated that the applicant was well-functioning with ongoing tramadol usage. The attending provider stated that the applicant had returned to regular duty work, despite ongoing complaints of neck pain, shoulder pain, wrist pain, and posttraumatic headaches. Ultram was renewed while the applicant was returned to regular duty work. The attending provider then stated that he was also intent on pursuing a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150 MG #60 with 5 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for Ultram (tramadol), a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider wrote on February 12, 2015 that the applicant had achieved and/or maintained full-time work status, reportedly imputed to ongoing Ultram usage. The applicant was remaining active and deriving appropriate analgesia with ongoing tramadol usage, the attending provider contended. Continuing the same, on balance, thus, was indicated. Therefore, the request was medically necessary.