

Case Number:	CM15-0041521		
Date Assigned:	03/11/2015	Date of Injury:	10/08/2013
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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
 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 (IW) is a 52-year-old male, who sustained an industrial injury on 10/08/2013. He reported pain in the right shoulder, right wrist, and right hip. The injured worker was diagnosed as having cervical strain, right shoulder AC joint degenerative joint disease, clinically, right shoulder impingement syndrome vs rotator cuff tear, right hip contusion, and right wrist contusion, resolved. Treatment to date has included conservative care including physical therapy and medications of non-steroidal anti-inflammatories and Ultram. Currently, the injured worker complains of ongoing neck pain radiating down the right shoulder rated a 6/10 on the visual analog scale, right wrist pain rated a 4/10, and lower back pain radiating down the right buttocks, right hip and thigh which he rates a 5/10. The plan of care includes continuation of medications, request reconsideration of an H-wave unit, and additional physical therapy. Requests were made for 2 Anaprox 550mg 1 tab po BID, Qty: 60 Refills: none, Ultram 50mg 1 tab PO BID PRN Qty: 60 Refills: none.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Anaprox 550mg 1 tab po BID, Qty: 60 Refills: none: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine: Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders ACOEM -](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine) [https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders ACOEM -](https://www.acoempracguides.org/Shoulder) [https://www.acoempracguides.org/Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.](https://www.acoempracguides.org/Hand%20and%20Wrist)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 181, 212, 271, 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for neck and upper extremity conditions. The orthopedic spine surgeon's progress report documented the diagnoses of cervical strain, right shoulder acromioclavicular joint, right shoulder impingement syndrome, right hip contusion, right wrist contusion. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines support the use of Anaprox (Naproxen). Therefore, the request for Anaprox (Naproxen) is medically necessary.

Ultram 50mg 1 tab PO BID PRN Qty: 60 Refills: none: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine: Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders ACOEM -](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine) [https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders ACOEM -](https://www.acoempracguides.org/Shoulder) [https://www.acoempracguides.org/Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders.](https://www.acoempracguides.org/Hand%20and%20Wrist)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The orthopedic spine surgeon's progress report documented the diagnoses of cervical strain, right shoulder acromioclavicular joint, right shoulder impingement syndrome, right hip contusion, right wrist contusion. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram (Tramadol) is medically necessary.

