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| Case Number: | CM15-0080344 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 04/20/2008 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: 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 50 year old male injured worker suffered an industrial injury on 04/20/2008. The diagnoses included cervical multidisc disease and radiculopathy and cervicogenic headaches, lumbar herniated disc, bilateral shoulder rotator cuff tears and right ACL tear. The diagnostics included cervical, lumbar, bilateral knee, bilateral shoulder magnetic resonance imaging and electromyographic studies. The injured worker had been treated with physical therapy, medications and epidural steroid injections. On 2/2/2015 the treating provider reported ongoing pain in the neck and associated cervicogenic headaches along with radicular symptoms to both upper extremities with pain rated as 8/10. On exam, there was reduced cervical and lumbar range of motion of the cervical spine. The left shoulder had restricted range of motion. The treatment plan included Ultram. There is no mention in the medical records sent for review of a 10mg. Ultram tablet. At trial of Ultracet 37.5/350mg is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 94. Decision based on Non-MTUS Citation <http://www.rxlist.com/ultram-drug/indications-dosage.htm>.

Decision rationale: A careful review of the records does not reveal a request for 10mg of Ultram and Guidelines/PDR sources make it clear that this dose is not medically reasonable. It comes in 50mg tablets that are scored and down to a 25mg. dose is attainable, but the expectation to cut a table in 5ths' is not reasonable. Under these circumstances, Ultram 10mg is not supported by Guidelines and is not medically necessary.