

Case Number:	CM15-0081974		
Date Assigned:	05/04/2015	Date of Injury:	04/24/2003
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on April 24, 2003. The injured worker was diagnosed as having right shoulder impingement and tendinitis, bilateral wrist tendinitis and carpal tunnel syndrome, right medial and lateral epicondylectomy and right cubital tunnel release. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), surgery and medication. A progress note dated March 13, 2015 provides the injured worker complains of neck, shoulder and arm pain. She continues to work. Physical exam notes right shoulder tenderness and left elbow and wrist tenderness with positive Phalen's and Tinel's. Electromyogram and nerve conduction study were reviewed. The plan includes medication, injection and magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Ultram 50 mg #120 is not medically necessary. Ultram is name brand for Tramadol. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.