MAXIMUS Federal Services

Case Number:	CM14-0155796		
Date Assigned:	09/25/2014	Date of Injury:	07/18/2002
Decision Date:	10/29/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old male with a work injury dated 7/18/02. The diagnoses include L4 to Sl decompression and fusion; cervical strain; status post left shoulder subacromial decompression, Mumford procedure and rotator cuff repair - 3/31/14; left sacrum and pelvic fractures status post open reduction and internal fixation with resulting hardware removal; bilateral knee pain. Under consideration is a request for Ultram 50 mg #90.There is a primary treating physician report dated 7 /23/14 by [redacted] where the patient complained of persistent left shoulder pain following left shoulder subacromial decompression, Mumford procedure and rotator cuff repair.The patient's symptoms increased over the last 4 weeks with increased weakness and pain especially with overhead activities and overhead work. The patient had left wrist pain rated 6/10, knees pain 6/10, neck pain 8/10, left shoulder pain rated 8/10, and low back pain rated 7 /10. The patient was not working. He was going to physical therapy. He was not taking medications. On exam there was tenderness around the anterior and lateral deltoid, biceps tendon, and acromioclavicular joint. The strength was rated 3+/5 in abduction and flexion, and 2+ strength for the anterior and lateral deltoid. Upper extremity reflexes were 2+ with no sensory deficit and no instability. Active abduction was 110 degrees, passive abduction was 160 degrees, flexion was 90 degrees, adduction was 45 degrees, and internal and external range of motion was 70 degrees. The range of motion was increased since last visit. The treatment plan included a request for Motrin 800mg 1 three times per day as needed for anti-inflammatory effects, Ultram 50 mg 1-2 every 4-6 hours as needed for pain, and Norco 10/325 mg as needed for break through pain. The Norco was noted to be effective to reduce pain to the point where it allowed the patient to perform activities of daily living and provided relief for the

patient's moderate to severe pain. The documenting physician would like the patient to continue postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use pages Page(s): 76-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

Decision rationale: Ultram 50 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no indication that the pain medication has improved patient's pain to a significant degree or caused functional improvement as defined by the MTUS therefore Ultram is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The patient has remained on Ultram long term with prior recommendations for weaning due to a lack of functional improvement. The continued use of Ultram is not medically necessary. Therefore the request for Ultram 50 mg #90 is not medically necessary.