

Case Number:	CM14-0164666		
Date Assigned:	10/09/2014	Date of Injury:	02/02/2012
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 50 year old female who was injured at work on 11/23/2011. The injured worker was hit on the eye by a falling object. Since then she has continued to experience headaches localized to the sides of the front aspect of her head. The headaches are associated with swelling and redness of the left eye, drooping of the left eye. She also complains of pain in her shoulders, and left knee. The physical examination revealed numbness in the left malar area and the left forehead area of the brow; inability to raise the left arm while testing for Romberg. The injured worker has been diagnosed of stiff shoulder syndrome, inflammatory process of left shoulder (MRI evidence (6/27/12) of possible glenoid labral tear as well as subscapularis tendon partial tear, inflammatory process of left wrist, myoligamntous strain of the lumbar spine, Inflammatory process of the left knee; MRI evidence (6/27/12) of tear of posterior horn of medial meniscus, inflammatory process of left ankle, cephalgia. Treatments have included physical therapy, Lidoderm, 2% cyclobenzaprine, Lorazepam, Tramadol ER, Tizanidine, and Prilosec. At dispute is the request for Ultram ER m150mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER m150mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Ultram ER m150mg #50. The MTUS guideline for on-going opioid management include monitoring the individual for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors; opioid agreement; and the use of the lowest possible dose. The records reviewed do not indicate the injured worker is being monitored for opioid use. The requested treatment is not medically necessary.