MAXIMUS Federal Services

| Case Number: | CM14-0165664 | | |
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| Date Assigned: | 10/10/2014 | Date of Injury: | 08/05/2011 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

## 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted]l employee who has filed a claim for chronic shoulder, elbow, neck, and back pain reportedly associated with an industrial injury of August 5, 2011.In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for Ultram (tramadol) on the grounds that the attending provider had not stated why brand named Ultram was needed when a generic equivalent could suffice. The claims administrator did not incorporate any guidelines into its rationale and further stated that it was basing its decision on a variety of non-MTUS references, including the Physician's Desk Reference. Citations from the Physician's Desk Reference, however, were not incorporated into the UR report.The applicant's attorney subsequently appealed.In a March 3, 2014 progress note, the applicant reported 6-9/10 multifocal neck and shoulder pain complaints. The applicant was using Voltaren gel and Norco as of this point in time. The applicant was kept off of work, on total temporary disability.On August 29, 2014, the applicant reported 4-8/10 multifocal shoulder, neck, and hand pain complaints. The applicant was using Naprosyn and Norco at this time. Wrist braces were sought. Ultram was endorsed. It was suggested that Ultram (tramadol) was a renewal request. Permanent work restrictions endorsed by a medical-legal evaluator were also endorsed.In a September 25, 2014, the applicant was placed off of work, on total temporary disability, while Norco was prescribed. 8/10 pain was noted on this occasion.In a medical-legal evaluation dated March 17, 2014, it was acknowledged that the applicant was not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ultram (tramadol 50mg) 1 tab by mouth, 90 tablets (unspecified days supply); 1-2 tabs every 4-6 hrs for the management of chronic pain related to the cervical spine; right shoulder and wrists (unspecified if dispensed or non-dispensed):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** Based on the attending provider's reporting of events, this appeared to represent a renewal request for Ultram (tramadol). However, as noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are consistently reportedly in the 8/10 range or greater, despite ongoing usage of Ultram. The attending provider has not elaborated or expounded upon any material improvements in function achieved as a result of prior Ultram usage. Therefore, the request was not medically necessary.