

Case Number:	CM14-0172849		
Date Assigned:	10/23/2014	Date of Injury:	11/02/2006
Decision Date:	12/02/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Interventional Spine 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 patient is a 56-year-old female with date of injury of 11/02/2006. The listed diagnoses per to provider from 09/23/2014 are: 1. Lumbar spine sprain/strain. 2. Facet osteoarthritis at L5-S1. 3. Right lower extremity radiculopathy. 4. Right sacroiliac joint sprain. 5. Rule out disk herniation versus stenosis. 6. Bursitis, tendinitis. 7. Status post bilateral carpal tunnel release from 2008 and 2007. 8. Rule out recurrent carpal tunnel. According to this handwritten report, the patient complains of left hand pain with numbness and tingling. She notes weakness in the left hand grip where she is dropping objects. The patient states that the numbness is worse than before the 2007 release. She rates her pain a 7/10 to 8/10. Her pain is moderate to severe, constant, dull, and sharp with numbness and ache. The objective findings show tenderness in the paraspinal muscles with mild spasm in the lumbar spine. There is a well-healed surgical scar over the carpal tunnel. Positive for Tinel's and Phalen's sign, left greater than the right. The utilization review denied the request on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg 1-2 qd prn #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating opioids Page(s): 76 to 78.

Decision rationale: This patient presents with left hand pain. The treater is requesting Ultram ER 150 mg, quantity #30. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, et cetera. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. 09/23/2014 report notes that the patient is currently taking Tylenol No. 3; however, it no longer controls the patient's pain. In this case, a trial of Ultram is reasonable to determine its efficacy in terms of pain relief and functional improvement. However, it is not known why the treater is prescribing such a high dose. MTUS recommends starting with the lowest dose possible and titrating. The request is not medically necessary.