

Case Number:	CM14-0090289		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2003
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/15/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported an injury on 07/17/2003. The clinical note dated 02/04/2014 indicated cervical strain, bilateral carpal tunnel syndrome, fibromyalgia, toxic exposure, gastrointestinal complaints secondary to medication. The injured worker reported persistent neck, upper extremity generalized pain with numbness and tingling in her hands. The injured worker reported muscle and joint stiffness, back pain, and swelling of joints. Physical examination of the cervical spine revealed tenderness in the paraspinous musculature of the cervical region with muscle spasms noted in the cervical spine on the left. The injured worker's range of motion was decreased. The injured worker's sensation was decreased at C5 dermatome. The injured worker's treatment plan included refill of Ultram and followup as needed. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Motrin, Ultram. The provider submitted a request for Ultram. A request for authorization dated 02/04/2014 was submitted for Ultram. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Ultram 50mg #90 3 refills is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. In addition, it was not indicated if the injured worker had tried a first-line medication such as acetaminophen. Furthermore, the request does not indicate a frequency for the Ultram. Therefore, the request is not medically necessary.