

Case Number:	CM14-0166487		
Date Assigned:	10/13/2014	Date of Injury:	06/17/1999
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 54-year old female with date of injury 6/17/99. The treating physician report dated 9/05/14 indicates that the patient presents with cervical pain as well as back stiffness. Condition is located in the left and right shoulder and right and left side of the neck. The physical examination findings reveal that she "clearly has adhesive capsulitis of the right shoulder with decreased ROM passively and actively. She has markedly increased Tinel's across her bilateral wrists, and reproduction of symptoms with prolonged pressure. Prior treatment history includes cortisone injection to the right shoulder. MRI findings reveal disc protrusions at C2-3, C3-4, C4-5, C5-6 and C6-7. There are facet capsular tears at multiple levels. MRI of the right shoulder reveals the acromion process is type 1. There is marked hypertrophy of the acromioclavicular ligament. The current diagnoses are: 1.Scapholunar disassociation.2. Metacarpal disassociation.3. Right elbow ulnar entrapment and epicondylitis, medial and lateral.4. MRI shows disc protrusions.5. Adhesive capsulitis of the right shoulder.The utilization review report dated 9/16/14 denied the request for Ultram ER 100 mg 1 po bid #60 based on lack of supporting documentation regarding functional improvement as well as no urine drug screen report provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 82.

Decision rationale: The patient presents with right and left shoulder pain and cervical pain. The current request is for Ultram ER 100 mg 1 po bid #60. The MTUS guidelines indicate that Ultram ER is indicated for moderate to moderately severe pain. MTUS pages 88, 89 states document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case there is no documentation of any functional benefit from medication usage. MTUS states under outcome measures documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided and there is no way to tell if the prescribed medication is providing any benefit to the patient. Therefore, Ultram ER 100mg 1 po bid #60 is not medically necessary.