

Case Number:	CM14-0195945		
Date Assigned:	12/03/2014	Date of Injury:	11/06/2013
Decision Date:	01/15/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 51 year old male presenting with a work related injury on 11/06/2013. The patient complained of neck pain and right arm pain. The patient is status post mummford procedure labral repair and evaluation of rotator cuff. Magnetic resonance imaging (MRI) of the cervical spine showed C4-C5 with facet changes at C3-4 and fusion at C5-6. NCS on 04/2014 of the upper extremities was unremarkable. The physical exam showed abduction is 100 degrees, tenderness along the rotator cuff is mild, weakness to resisted function and Tinel's at the elbow and wrist is noted. The patient was diagnosed with cervical condition with facet inflammation, shoulder girdle involvement and head; post concussion; right shoulder impingement, rotator cuff strain, AC joint inflammation and bicipital tendonitis; Depression, Ulnar Neuritis and Carpal Tunnel Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 milligrams, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Antidepressants for chronic pain, Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Ultram ER 150 milligrams, #30 is not medically necessary. Ultram is Tramadol. Tramadol is a centrally- acting opioid. Per California MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.