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| <b>Case Number:</b>   | CM14-0210013 |                              |            |
| <b>Date Assigned:</b> | 12/23/2014   | <b>Date of Injury:</b>       | 04/23/2012 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 12/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 58-year-old female with date of injury of 04/23/2012. The listed diagnoses from 02/07/2014 are: 1. Cervical spine sprain/strain. 2. Lumbar spine sprain/strain. 3. Bilateral elbow lateral epicondyle, right medial epicondyle. 4. Right bilateral shoulder sprain/strain. According to this handwritten report, the patient complains of right shoulder pain. The patient is status post shoulder surgery from 01/22/2014, name of the procedure is unknown. The patient's right shoulder is stiff and sore. Examination shows right shoulder tendonitis. There are 2 well-healed portal scars. Range of motion is reduced. There is no swelling or redness noted. Cervical spine shows tenderness over the paraspinal muscles. Range of motion is decreased. The rest of the handwritten report was difficult to decipher. Treatment reports from 11/14/2012 to 02/07/2014 were provided for review. The utilization review denied the request on 12/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ultram 50mg, #120 dispensed between 11/10/2014 and 11/10/2014.:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Under criteria for initiating opioids Page(s): 76-78.

**Decision rationale:** This patient presents with right shoulder pain. The patient is status post shoulder surgery from 01/22/2014. The treater is requesting 1 PRESCRIPTION FOR ULTRAM 50 MG QUANTITY 120 DISPENSED BETWEEN 11/10/2014 AND 11/10/2014. 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, etc. MTUS goes on to states 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. The records do not show any previous history of Ultram use. The report making the request is missing. In this case, the treater would like to try Ultram for the patient's chronic pain, and the request is supported by the MTUS Guidelines. The request IS medically necessary.

**1 prescription for Colace 100mg between 11/10/2014 and 2/24/2015:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy for opiate use Page(s): 77.

**Decision rationale:** This patient presents with right shoulder pain. The patient is status post shoulder surgery from 01/22/2014. The treater is requesting 1 prescription for Colace 100mg between 11/10/2014 and 2/24/2015 The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records do not show a history of Colace use. In this case, the patient was prescribed an opiate and MTUS supports the prophylactic treatment of constipation when opioids are prescribed. The request is medically necessary.