

Case Number:	CM14-0213686		
Date Assigned:	12/31/2014	Date of Injury:	07/19/2010
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male with date of injury 7/19/10, sustained when he struck his head on top of the inside of the car. The treating physician report dated 12/1/14 indicates that the patient presents with pain affecting the neck. The patient further complains of tenderness in the left medial elbow and thoracic spine. The physical examination findings reveal the cervical range of motion is as follows: Extension is 25 degrees, flexion is 20 degrees, right and left rotation is 60 degrees, and right and left bending is 30 degrees. The left elbow shows decreased supination and pronation by 10 degrees. Prior treatment history includes a left ulnar nerve release, and prescribed medications of Metformin, Omeprazole, and Ibuprofen. X-Ray findings reveal a grade I spondylolisthesis at C3-4 and C6-7. MRI findings revealed mild degenerative disc disease. The current diagnoses are: 1. Chronic neck pain with degenerative disc disease 2. S/P left cubital tunnel release with chronic symptoms 3. Thoracic S/S chronic. The utilization review report dated 12/11/14 (30) denied the request for Ultram 50mg #60 with 2 refills based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck. The current request is for Ultram 50mg #60 with 2 refills. The treating physician report dated 12/1/14 does not provide any rationale for the current request. MTUS guidelines state the following regarding Initiating Opioid therapy, "(a) intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time." Reports provided show no documentation that the patient has received any previous opioid therapy. A report dated 10/20/14 does not list Ultram under current medications. The treating physician report dated 12/1/14 states that the patient was to return to the clinic in 6 weeks. The MTUS guidelines clearly state that, "Recommended Frequency of Visits While in the Trial Phase (first 6 months) is every 2 weeks for the first 2 to 4 months." In this case, the current request does not satisfy MTUS guidelines as outlined on pages 76-79 as 2 refills without documentation of functional improvement is not supported. Recommendation is for denial.