

Case Number:	CM14-0215068		
Date Assigned:	01/02/2015	Date of Injury:	07/17/2003
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
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

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 81 female with an injury date of 07/17/03. Based on the 12/02/14 progress report provided by treating physician, the patient is status post right shoulder surgery and complains of "no worsening of her symptoms." Physical examination to the shoulder on 12/02/14 revealed healed incision to lateral aspect with "negative laxity with flexion and abduction 130, internal and external rotation 60, adduction 30, extension 20. Patient's medications include Ultram and Celebrex. Ultram has been prescribed in treater reports dated 05/13/14, 08/05/14 and 12/02/14. Patient is to continue home exercise program. Treater states patient has been having difficulty getting her medications, per 12/02/14 progress report. Given patient's age of 81, patient is probably retired, however there is no documentation of work status. Diagnosis 09/16/14, 12/02/14- status post right shoulder surgery with history of clavicle fracture with chronic pain The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 05/13/14 - 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Chronic Pain Medical Treatment Guidelines for Tramadol
Page(s): 88.

Decision rationale: The patient is status post right shoulder surgery and complains of "no worsening of her symptoms." The request is for Ultram 50mg #30 with 2 refills. Physical examination to the shoulder on 12/02/14 revealed healed incision to lateral aspect with "negative laxity with flexion and abduction 130, internal and external rotation 60, adduction 30, extension 20. Patient's medications include Ultram and Celebrex. Ultram has been prescribed in treater reports dated 05/13/14, 08/05/14 and 12/02/14. Patient is to continue home exercise program. Given patient's age of 81, patient is probably retired, however there is no documentation of work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram has been prescribed in treater reports dated 05/13/14, 08/05/14 and 12/02/14. Treater states patient has been having difficulty getting her medications. In this case, treater has not discussed how Ultram decreases pain and significantly improves patient's activities of daily living. There are no numerical scales or validated instruments to address analgesia; no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.