

Case Number:	CM14-0064305		
Date Assigned:	07/11/2014	Date of Injury:	06/03/2010
Decision Date:	05/28/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 56 year old male, who sustained an industrial injury on 6/3/10. He reported left elbow pain. The injured worker was diagnosed as having lumbar strain, status-post repair for partial tear distal biceps tendon of the right elbow, status-post lateral epicondyle release of the right elbow, possible persistent radial tunnel syndrome of the right elbow, and post-operative residual severe pain of the right elbow. Treatment to date has included physical therapy, chiropractic treatment, and medications. A physician's report dated 11/4/13 noted the injured worker was taking Tramadol 50mg. At that time pain was noted to be rated as 4-8/10 with medications. Pain was rated as 9-10/10 without medications. A physician's report dated 12/3/13 noted pain was rated as 4-9/10 with medications. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Ultram 50mg #60.

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 #60: 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 On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 56 year old male with an injury on 06/03/2010. He has right elbow pain and back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.