

Case Number:	CM15-0000926		
Date Assigned:	01/12/2015	Date of Injury:	09/18/2006
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 57 year old, who sustained an industrial injury on 09/18/2006. The IW has reported chronic pain after multiple shoulder surgeries. The diagnoses have included chronic neck pain and status post right shoulder surgery. Treatment to date has included right shoulder arthroscopic debridement for labral tear, acromioplasty, subacrominal decompression, bursectomy, and partial acromioclavicular ligament resection and distal clavicle excision on 11/14/2007 and right shoulder arthroscopy on 08/10/2010 with an unknown left shoulder surgery on 08/06/2013. Currently, the IW complains of neck and shoulder pain. She is doing a home exercise program and taking over the counter medications as the prescription medications had been denied. On 12/12/2014, Utilization Review modified request for Ultram 50mg #60- 2 refills, to Ultram 50mg #60 with no refills. Noting in a conversation with the requesting provider that the IW had used this medication in the past with successful pain relief, the medication was approved for Ultram 50mg #60 with no refills and the understanding that the medication in the future should be based on documented evidence of significant functional improvement. The MTUS, Chronic pain pages 93-94, 76-78 were cited. On 01/05/2015, the injured worker submitted an application for IMR for review of the modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60- 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 51 year old female has complained of neck and bilateral shoulder pain since date of injury 9/18/06. She has been treated with bilateral shoulder surgery, physical therapy and medications to include opioids since at least 11/2007. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram 50 mg is not indicated as medically necessary.