

Case Number:	CM15-0004329		
Date Assigned:	01/15/2015	Date of Injury:	11/11/2008
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 31 year old male who sustained an industrial injury on 11/11/2008. He has reported chronic low back, shoulder and upper extremity pain. Diagnoses include lumbar musculoligamentous sprain/strain with left lower extremity radiculitis: one to two mm disc bulges at L4 through S1 per Magnetic Resonance Imaging dated 12/4/2012, and negative Electromyography and nerve conduction velocity studies dated 05/1/2014, Cervical musculoligamentous sprain/strain with right upper extremity radiculitis, and status post right hand crush injury, partial amputation of distal phalanx, focal complex regional pain syndrome, and chronic left ankle sprain/strain. A physician progress note dated 12/18/2014 examination of the cervical spine reveals decreased lordosis. There is tenderness to palpation over the paravertebral musculature and trapezius muscle. There are trapezius trigger points, right side greater than the left. Axial Compression test elicits localized neck pain. The treating provider is requesting 1 prescription for Ultram 150mg #30, and 1 ultrasound study of the right elbow/forearm. On 12/31/2014, the Utilization Review non-certified the request for Ultram 150mg #30, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Non-steroidal Anti-inflammatory Drugs. Utilization Review dated 12/31/2014 non-certified the request for 1 ultrasound study of the right elbow/forearm, citing Official Disability Guidelines-Forearm, Wrist, & Hand (acute and chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ultrasound study of the right elbow/forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, ultrasound is not recommended as an imaging tool to study disease of the forearm an elbow. The patient developed a chronic forearm and elbow pain which could be investigated by other imaging modalities such as X ray. Therefore, the request for 1 ultrasound study of the right elbow/forearm is not medically necessary.

1 prescription for Ultram 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework,There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of

Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Ultram 150mg #30 is not medically necessary.