

Case Number:	CM15-0012355		
Date Assigned:	01/29/2015	Date of Injury:	05/03/1999
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained an industrial injury on 5/3/99. Current diagnosis was upper extremity overuse syndrome with extensor tendinitis of the thumb. No recent radiologic reports were submitted for review. In a PR-2 dated 12/17/14, the injured worker complained of bilateral thumb pain. The injured worker continued to take her medications including insulin, Metformin, Lisinopril, Hydrochlorathiazide and Meloxicam. The injured worker was weaning Methadone. Physical exam was remarkable for tenderness to palpation to upper extremities and positive Finkelstein's test of the extensor tendons of the thumb. The treatment plan included continuing a Methadone wean and adding Ultram 500 mg four times a day after the injured worker drops one full Methadone tablet. On 1/9/15, Utilization Review noncertified a request for Ultram 500 mg citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Ultram, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. In this case, the worker is treated with methadone for which a slow wean is being undertaken. The cited plan is the addition of Ultram when methadone is weaned by one more pill per day. Per the records, pain is controlled by the scheduled methadone. There is no medical rationale to add Ultram to ongoing methadone weaning. Therefore, the record does not support medical necessity of adding Ultram at this time.