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| Case Number: | CM15-0116463 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 12/29/2009 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old male who sustained an industrial injury on 12/29/09. The injured worker was diagnosed as having cervical spine sprain/strain, cervical spine degenerative disc disease and left shoulder subacromial bursitis. Currently, the injured worker was with complaints of continued cervical spine pain. Previous treatments included oral muscle relaxants and oral pain medication. Previous diagnostic studies were not included in the documentation. The injured workers pain level was not noted. Physical examination was notable for cervical spine and left shoulder with decreased range of motion. The plan of care was for Ultram 150 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (Tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this is an initial prescription of Ultram. Unfortunately, there is no documentation of a recent pain score, or discussion of objective functional deficits, which are intended to be addressed with opiate therapy. Furthermore, there is no identification of informed consent or treatment goals. In the absence of such documentation, the currently requested Ultram is not medically necessary.