

Case Number:	CM15-0122150		
Date Assigned:	07/06/2015	Date of Injury:	11/19/2011
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California
 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 11/19/2011. Diagnoses include chronic neck and shoulder pain, unable to rule out cervical radiculopathy and cervical disc disease, unable to rule out left shoulder impingement syndrome and unable to rule out thoracic outlet syndrome. Treatment to date has included conservative care including diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 5/29/2015, the injured worker reported neck pain and upper back pain that has gotten worse. He also has upper arm pain and both hands get numb, but worse on the right. He rated his pain as 9/10 with prescribed pain medication and 10/10 without medication. Physical examination of the cervical spine revealed pain upon all planes of range of motion. Flexion and extension were within normal limits and rotation to the right and left were 0-80 degrees. The plan of care included diagnostics and medications. Authorization was requested for Ultram 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months with minimal improvement in pain. Continued and chronic use is not medically necessary.