MAXIMUS Federal Services

Case Number:	CM15-0172825		
Date Assigned:	09/14/2015	Date of Injury:	08/11/2003
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male who sustained an industrial injury August 11, 2003. Diagnoses have included post cervical laminectomy; cervical radiculopathy; right-sided impingement syndrome, adhesive capsulitis of the right shoulder; and right carpal tunnel syndrome. Documented treatment includes cervical laminectomy; activity modification; an unspecified amount of physical therapy; and medication including Anaprox, Terocin patch, and Ultram ER. The injured worker reports stomach distress as a side effect to anti-inflammatories and is being treated with Prilosec. The injured worker continues to present with constant neck pain radiating down both upper extremities reported in the July 7, 2015 report as waking him up at night; low back pain including radiation of numbness and tingling to the right leg, right foot swelling, and "giving away"; and, right elbow pain and popping. The treating physician's plan of care includes a retrospective request from July 27, 2015 for Ultram ER 150 mg, 30 count with one refill, which was denied August 6, 2015. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 7/27/15) 1 Prescription of Ultram ER 150mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, criteria for use.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.