

Case Number:	CM15-0179757		
Date Assigned:	09/29/2015	Date of Injury:	06/14/2013
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old female who sustained an industrial injury on 6-14-2013. A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome, chronic cervical strain, chronic lumbar strain, and left shoulder rotator cuff syndrome. Medical record dated 7-24-2015 noted persistent pain in the bilateral shoulders, bilateral elbows, and bilateral wrist. She rated her pain a 7 out 10. Pain is made better with rest and medications. She stated that tramadol bring pain to a 4 out 10. Her pain was worse at the last visit. Physical examination noted decreased range of motion to the cervical spine with tenderness. Lumbar range of motion was decreased with lumbar tenderness. Bilateral shoulders revealed decreased range of motion with tenderness. There was decreased range of motion to the bilateral wrist with tenderness. Treatment has included physical therapy and medications including Ultram since at least 1-22-2015. Utilization review form dated 8-14-2015 noncertified Ultram 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, take 1-2 tablets by mouth every 6-8 hours for pain Qty: 90.00: 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, criteria for use, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: Ultram 50mg, take 1-2 tablets by mouth every 6-8 hours for pain Qty: 90.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal an objective urine drug screen for review. The documentation reveals that the patient has been on Ultram without significant objective increase in function therefore the request for Ultram is not medically necessary.