

Case Number:	CM15-0027265		
Date Assigned:	02/19/2015	Date of Injury:	11/08/2004
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania

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 53 year old male, who sustained an industrial injury on 11/8/2004. He reports neck, left arm and shoulder and back pain after repeatedly lifting heavy objects. Diagnoses include bilateral carpal tunnel syndrome, cervical degenerative disc disease and status post cervical 5-7 interbody fusion and status post left shoulder subacromial decompression and distal acromioplasty. Treatments to date include surgery, physical therapy, epidural steroid injections and medication management. A progress note from the treating provider dated 1/23/2015 indicates the injured worker reported neck pain. On, 1/30/2015 Utilization Review non-certified the request for Ultram ER 300mg #30, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30 (one daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for tramadol. There is no indication that non-opioid analgesics such as acetaminophen have recently been tried. It is also not clear from the documentation that the Ultram is effective in relieving his pain or improving function since medications in general are referred to and he is also taking Lyrica. He had previously noted that Topamax was more helpful for pain control than Ultram. He had tried another opioid in the past, Norco, and it was not effective. Medical necessity of Ultram has not been established.