

Case Number:	CM15-0061206		
Date Assigned:	04/07/2015	Date of Injury:	05/06/2010
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

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 31 year old female, who sustained an industrial injury on May 6, 2010. She reported neck and left upper extremity pain. The injured worker was diagnosed as having recurrent left cubital tunnel syndrome with median neuritis, left shoulder tendinopathy, cervical strain, and left lateral epicondylitis. Treatment to date has included electrodiagnostic studies, x-rays, work modifications, home exercise program, night extension splinting, left cubital tunnel steroid injections, and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. On March 23, 2015, the injured worker complains of persistent left upper extremity dysesthesias with pain radiating from the left elbow to the ring finger, small finger, and proximally into the left shoulder. The physical exam revealed no significant change other than attenuated tenderness of the cubital tunnel and paracervical area. There was mild persistent tenderness over the left carpal and cubital tunnels, and the lateral epicondyle, positive provocative testing over the left cubital tunnel, and paracervical tenderness mostly on the left with radiation into the trapezius with some hypertonia. There was left shoulder and subdeltoid tenderness with full passive range of motion, and modest attenuation of active abduction. The treatment plan includes the administration of a left cubital tunnel steroid injection and continuing her pain, proton pump inhibitor, and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ultram. There is no clear functional gain that has been stated and documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Ultram is not indicated a medical necessity to the patient at this time.