MAXIMUS Federal Services

Case Number:	CM15-0062375		
Date Assigned:	04/08/2015	Date of Injury:	06/29/2012
Decision Date:	05/12/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, New York, California
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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work first claimed on June 29, 2012. In a Utilization Review report dated March 23, 2015, the claims administrator partially approved a request for Ultram (tramadol), seemingly for weaning purposes. A February 24, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated September 26, 2014, the applicant reported ongoing complaints of shoulder, neck, and elbow pain. The applicant was placed off of work, on total temporary disability. The applicant was apparently given refills of Norco and Fexmid. The applicant's complete medication list was not detailed. On January 16, 2015, the applicant was placed off of work, on total temporary disability. Authorization for shoulder surgery, an elbow brace, and Flexeril were endorsed. The applicant was also using Norco, it was stated on that date. There was no seeming mention of the applicant's using tramadol at this point in time, although this was difficult to definitively ascertain, as the note was largely eligible. In a RFA form dated February 24, 2015, Ultram extended release, Zanaflex, and an elbow corticosteroid injection were endorsed while the applicant was placed off of work, on total temporary disability, for an additional six weeks. It was suggested that the request for Ultram extended release represented a first-time request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 94.

Decision rationale: Yes, the request for Ultram extended release was medically necessary, medically appropriate, and indicated here. The request in question was seemingly initiated on a handwritten progress note of February 24, 2015 and did seemingly represent a first-time request for Ultram extended release. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Ultra (tramadol) is indicated in the treatment of moderate-to-severe pain. While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that applicants not currently using immediate release tramadol should begin employing extended release Ultram at a dose of 100 mg once daily, here, however, the applicant was not an opioid-naive individual. Rather, the applicant was already using another opioid, namely Norco. The attending provider had suggested that previously provided analgesics, including, Norco and Flexeril, were unsatisfactory. Introduction of Ultram extended release, thus, was indicated on or around the date in question. Therefore, the request is medically necessary.