

Case Number:	CM15-0062582		
Date Assigned:	04/08/2015	Date of Injury:	07/01/2014
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 38 year old female, who sustained an industrial injury on 7/1/14. She reported back and neck pain. The injured worker was diagnosed as having a tear of biceps tendon right shoulder and impingement syndrome right shoulder. Treatment to date has included physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of continued severe pain in low back, left sacral area with significant gastrointestinal side effects for oral medications and continued limited motion pain and discomfort with popping, crepitus and weakness of right shoulder. Physical exam noted marked pain in left sacral region, positive impingement sign with crepitus, limited motion of right shoulder with minimal motion at or above shoulder level on the right. The treatment plan included possible arthroscopic decompression of right shoulder, refilling Skelaxin and tramadol and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50mg #100 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-96.

Decision rationale: Guidelines indicate that Ultram is not recommended as a first line oral analgesic, but may be indicated after first line analgesics fail. In this case, the patient experienced side effects while on hydrocodone and then was prescribed Ultram. The patient did not fail a trial at first line analgesic due to ineffective pain relief and since the pain is not experiencing moderate to severe pain. Thus, the request for Ultram 50 mg #100 with one refill is not medically necessary.