

<b>Case Number:</b>	CM15-0064836		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: California

Certification(s)/Specialty: Internal 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 55 year old female who sustained a work related injury June 21, 2011. While removing a box, weighing approximately 75 pounds, from a lower rack of a freezer, she felt a sudden pop in her spine and had immediate pain in her neck and mid back. She was treated with physical therapy, medication and x-rays were performed. Past history included right hip; s/p arthroscopic labral debridement and femoral osteochondroplasty with trochanteric bursitis, right knee; s/p arthroscopic medial meniscectomy. According to a primary treating physician's orthopedic consultation and report, dated February 12, 2015, the injured worker presented with complaints of recurrent neck pain, with radiating pain into her mid back. The pain is noted to be greater in the neck than the back. There is numbness and tingling in the right hand and fingers as well as weakness of the right arm. Her pain increase when turning her head from side to side, flexing and extending the head and neck, and with prolonged sitting and standing and occasional headaches. She also complains of continuous right hip pain located in the groin and side of the hip. Physical examination reveals ambulation with a normal gait and she can stand on her toes and heels independently on either leg. Diagnoses are s/p right hip arthroscopy and labral repair; s/p right knee arthroscopy, with partial meniscectomy medially; and dorsal pain. Treatment plan included prescriptions for Ultram 50mg 1 tablet two times a day #60 with no refills and Celebrex, an opiate contract was reviewed and signed, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The medical records document a history of right hip arthroscopy and labral repair, right knee arthroscopy, right knee medial meniscus tear, and L4-5 and L5-S1 disc disorder. The patient was seen on 02/12/15, for ongoing pain in the right hip, neck and in the mid back. The patient had pain to the right shoulder radiating to the hands and fingers. There was noted weakness to the right arm and hand. The patient had a normal gait and could stand on her toes and heels as well as independently on either leg. There was right clavicle tenderness, tenderness in dorsal paravertebral musculature, decreased upper extremity grip strength on right versus left. The X-ray of the right hip showed ectopic calcification present adjacent to the femoral head laterally. The diagnosis listed status post right hip arthroscopy and labral repair, dorsal pain and status right knee arthroscopy. The treatment plan listed medications to include Ultram and Celebrex. A urine drug screen was to be performed. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram is medically necessary.