

Case Number:	CM15-0068499		
Date Assigned:	05/20/2015	Date of Injury:	08/30/2010
Decision Date:	06/24/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/10/2015

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 62 year old female, who sustained an industrial injury on 8/30/2010. The current diagnoses are cervical sprain/strain with myofascial pain, left elbow sprain/strain, lumbar sprain/strain with myofascial pain, right knee sprain/strain, and chronic pain syndrome. According to the progress report dated 2/17/2015, the injured worker complains of neck, back, left elbow, and right knee pain. Her neck pain is described as achy, burning, shooting, throbbing, dull, numbing, pressure, and cramping. Regarding her low back, the pain is described as aching, shooting, radiating, and deep. Her neck and low back pain is rated 7-8/10 on a subjective pain scale. Additionally, she reports constant bilateral shoulder pain, rated 9/10. The current medications are Ultram, Protonix, Naproxen, Flexeril, Lidoderm patch, and Neurontin. Treatment to date has included medication management, x-rays, computed tomography scan, MRI studies, electrodiagnostic testing, and home exercise program. The plan of care includes prescription for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, sixty count: Upheld

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

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

Decision rationale: Guidelines state that Tramadol is not recommended as a first line oral analgesic but may be indicated for moderate to severe pain. In this case, the patient has been on chronic opioid therapy for over a year without documentation of pain or functional improvement or a return to work. Weaning is recommended. The request for Ultram 50 mg #60 is not medically appropriate and necessary.