

Case Number:	CM15-0078590		
Date Assigned:	04/29/2015	Date of Injury:	01/21/2011
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

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 injured worker is a 57 year old male, who sustained an industrial injury on 1/21/2011. He reported injury from a slip and fall. The injured worker was diagnosed as having rotator cuff tear-status post left shoulder surgery, shoulder derangement, shoulder sprain/strain, headache, insomnia, anxiety and depressive disorder. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In progress notes dated 9/3/2014 and 3/12/2015, the injured worker complains of shoulder pain, headaches, difficulty sleeping, anxiety and depression. The treating physician is requesting Ultram.

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 Page(s): 93.

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

Decision rationale: The injured worker sustained a work related injury on 1/21/2011. The medical records provided indicate the diagnosis of rotator cuff tear-status post left shoulder surgery, shoulder derangement, shoulder sprain/strain, headache, insomnia, anxiety and depressive disorder. Treatments have included medications. The medical records provided for review do not indicate a medical necessity for Ultram ER 150mg #30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication since 10/2014 with no overall improvement. The records indicate the injured worker is not properly monitored for pain relief, adverse effects and activities of daily living. Therefore, the requested treatment is not medically necessary.