

Case Number:	CM15-0094075		
Date Assigned:	05/21/2015	Date of Injury:	07/02/2009
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 65 year old male with an industrial injury dated 07/02/2009. His diagnoses included failed rotator cuff tear repair (left), right impingement syndrome, cervical spine sprain/strain with radiculopathy and lumbar sprain/strain. Prior treatments included medications. He presents on 10/09/2014 with complaints of neck, shoulder, lumbar spine pain and depression. Objective findings were weakness and restricted range of motion. Medications at the 10/09/2014 report were Anaprox DS, Prilosec, Fexmid, Ultram ER, Norco and Ambien. On 11/06/2014, the injured worker presented with neck and shoulder pain. Medications at the 11/06/2014 visit were Anaprox DS, Prilosec, Ultram ER and Fexmid. The utilization review references documents dated 01/15/2015 and 01/16/2015, which were not available for this review. The request is for Ultram ER 150 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for over a year along with NSAIDS. Pain scores were not routinely noted. Lower dose, weaning, or alternative medication failure was not noted. The claimant was on the maximum dose. Continued use of Ultram is not medically necessary.