

<b>Case Number:</b>	CM15-0094493		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 42 year old female injured worker suffered an industrial injury on 06/03/2009. The diagnoses included right upper extremity chronic regional pain syndrome and depression. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported increase in pain to the upper extremities. It involved the neck, right shoulder and entire let arm with burning, sensitivity to touch, temperature and color. He reported pain as 9/10 without medications. The treatment plan included Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 50 mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to the use of opioids to treat non-cancer pain. The patient has received tramadol without any functional carryover benefit in the past. The ongoing use of Tramadol does not adhere to MTUS 2009 and it has not been efficacious. This request for Ultram is not medically necessary and is denied.