

Case Number:	CM13-0013777		
Date Assigned:	06/11/2014	Date of Injury:	08/24/2006
Decision Date:	07/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Georgia and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 08/24/2006 due to an unknown mechanism. On 03/12/2013, the injured worker underwent an arthroscopic evaluation of the glenohumeral joint with partial synovectomy, subacromial decompression and excision of the coracoacromial ligament, and an arthroscopic bursectomy. The injured worker returned to her physician for an orthopedic update and re-evaluation for treatment. The injured worker reported pain of an unspecified level in nature to her neck and shoulder; she did not specify which shoulder. The injured worker did not classify the pain as constant or if it began with any activity. The injured worker did not say whether the medications for pain or at home physical therapy treatments helped with the pain, range of motion, or activities of daily living. The reported to the physician she continued to have pain and weakness to her upper extremities bilaterally as well as numbness to her hands and fingers bilaterally. The physician's examination of the cervical spine revealed right-sided tenderness, spasm, and tightness to the paravertebral muscles, greater on the right than the left. There is an unspecified notation of reduced motion with pain. The Spurling's maneuver was positive. Tinel's and Phalen's signs were positive bilaterally to the hands and wrists and wrist braces were being worn during the examination. The physician diagnosed the injured worker with impingement syndrome, left shoulder, with subacromial bursitis; C4-5 and C5-6 herniated nucleus pulposus; and depression. The physician wished to continue to prescription Tramadol HCl 50 mg. A request for authorization form and rationale for that form were not provided at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter: Tramadol Page(s): 75, 78, 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: The request for Tramadol HCl 50 mg is not medically necessary. Under the California MTUS Guidelines, Tramadol is described as a central acting analgesic used to treat chronic pain and to be used as a second line of treatment for neuropathic pain. It is not recommended as a first line treatment for pain. The guidelines suggest a single pharmacy be used, as well as the the 4 A's for ongoing monitoring summarized as analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. Finally, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months as well as a psych consult if there is evidence of depression, anxiety or irritability. There is no documentation of a psych consult, if the ADLs improve with this medication, whether adverse effects have occurred and there is no documentation of urine drug testing. This medication has been in use for over three months indicating a need for the documented worker to receive a consultation with a multidisciplinary pain clinic. As such, the request is not medically necessary.