

Case Number:	CM13-0015342		
Date Assigned:	10/07/2013	Date of Injury:	04/17/2002
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 70-year-old female who reported an injury on 04/17/2002. The mechanism of injury was not documented; however, the patient has been treated for bilateral shoulder pain that is constantly rated at a 7/10 to 8/10, with the left worse than the right. The patient stated that her pain radiates to the neck and down to the mid-back. The patient admits to having sleep issues and also admits to feeling depressed due to her pain and physical condition. The documentation dated 07/16/2013 notes the patient has utilized hot and cold modalities, as well as a TENS unit for relieving her pain. The patient has been diagnosed as having left shoulder impingement status post distal clavicle excision with continued symptomatology; right shoulder impingement with positive rotator cuff tear. She had an injection in the past; but no surgery; and was further diagnosed with neck pain due to strain. On the date of that examination, the patient was noted as utilizing the medications Prilosec 20 mg, naproxen 550 mg, and tramadol 50 mg. The patient was due to have a follow up evaluation in 08/2013; however, there is no documentation to verify if the patient ever returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 (7/16-7/16/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Opioids Section Page(s): 13,74-96.

Decision rationale: Under California MTUS Guidelines, Tramadol is a centrally-acting synthetic opioid analgesic and is not recommended for a first-line oral analgesic. The patient has been using tramadol for several months, with the original dose noted as 150 mg. The patient has since reduced her dosage down to 50 mg; however, the frequency of use is not documented. Since tramadol is considered an opioid, under California MTUS Guidelines, long-term use of opioids is not recommended. Furthermore, it states that opioid tolerance develops with repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The documentation notes the patient has decreased her amount of Ultram use from 150 mg down to 50 mg. However, there is no indication that the patient is planning to completely wean herself from the medication, nor is there any indication that the patient has utilized other forms of some conservative modalities to help treat her pain. Therefore, with the requested service not meeting guideline criteria at this time, the requested service is not considered medically necessary. As such, the requested service is non-certified.

Tramadol 50mg #60 (7/16-9/17/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Opioids Section Page(s): 13,74-96.

Decision rationale: Under California MTUS Guidelines, Tramadol is a centrally-acting synthetic opioid analgesic and is not recommended for a first-line oral analgesic. The patient has been using tramadol for several months, with the original dose noted as 150 mg. The patient has since reduced her dosage down to 50 mg; however, the frequency of use is not documented. Since tramadol is considered an opioid, under California MTUS Guidelines, long-term use of opioids is not recommended. Furthermore, it states that opioid tolerance develops with repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The documentation notes the patient has decreased her amount of Ultram use from 150 mg down to 50 mg. However, there is no indication that the patient is planning to completely wean herself from the medication, nor is there any indication that the patient has utilized other forms of some conservative modalities to help treat her pain. Therefore, with the requested service not meeting guideline criteria at this time, the requested service is not considered medically necessary. As such, the requested service is non-certified.