MAXIMUS Federal Services

Case Number:	CM13-0019700		
Date Assigned:	10/11/2013	Date of Injury:	07/31/2003
Decision Date:	01/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology has a subspecialty Pain Medicine and is licensed to practice in Texas and 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 57-year-old female who reported an injury on 07/31/2003. The patient's mechanism of injury was not provided in the medical records. The patient's symptoms include bilateral shoulder pain including pain into the neck and trapezial regions. The patient's diagnoses were listed as right shoulder multiple operations with revision, decompression/acromioplasty, distal clavicle resection, release of suprascapular nerve, repair of rotator cuff and removal of impinging suture/foreign body, left shoulder post arthroscopy times 2 including a subacromial decompression and rotator cuff repair at the initial operation and probable suture maneuver at the second operation, possible left elbow/forearm strain, possible left wrist strain, and possible left DeQuervain's tenosynovitis. A recommendation for future medical care noted that the left shoulder was currently in need of postoperative physical therapy. A pre-operative cortisone injection was not beneficial; however, cortisone injections for both shoulders should be included in her future medical care as well as updated imaging studies and future surgeries for both shoulders. It stated that there should be provision for access to analgesics, anti-inflammatory, and stomach protective medications as well as muscle relaxants for the neck and shoulder girdle region. The patient's medications are Percocet 10/325 mg 1 every 6 hours as needed and Tramadol 50 mg 1 tab 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that tramadol is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. Additionally, the guidelines state that for ongoing management of patients on opioid medications, detailed documentation is required, including pain relief, functional status, appropriate medication use and side effects. Other documentation that is required includes the 4 A's for ongoing monitoring, which are noted as analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The clinical information submitted for review failed to include first-line analgesic history and detailed documentation of the 4 A's as required by the guidelines for the ongoing management of opioid medications. Therefore, the request is non-certified.