

Case Number:	CM13-0042147		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2012
Decision Date:	02/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/16/2013

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 51-year-old male who reported an injury on 04/16/2012. The patient was seen by [REDACTED] on 11/15/2013. The patient reported right shoulder pain with stiffness, low back pain, mid back pain, and right elbow pain. Physical examination revealed only right shoulder abduction at 40 degrees. The patient is diagnosed with recurrent dislocation of the right shoulder, right biceps injury with tendinosis, musculoligamentous sprain of the lumbar spine with radiculitis, disc bulge at L2-3 and L3-4, herniated disc at L4-5, triceps tendon injury in the right elbow, musculoligamentous sprain of the thoracic spine, disc bulge at T7-8, and status post diagnostic arthroscopy with capsulorrhaphy on 06/24/2013. Treatment recommendations included continuation of ibuprofen, tramadol, omeprazole, Norco, and Ambien. It is also noted that the patient was referred for physical therapy twice per week for 8 sessions, an EMG/NCS of bilateral lower extremities, and a right shoulder manipulation under anesthesia with an injection of Depo-Medrol

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent right shoulder, low back, mid back, and right elbow pain. There is no significant change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified