

Case Number:	CM13-0044730		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2012
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Oklahoma 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 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 was a 59-year-old with complaints of right shoulder, right knee and neck pain resulting from an unspecified injury on 10/30/2013. The patient underwent an arthroscopically assisted open rotator cuff repair, subacromial decompression with extensive scar tissue removal, partial distal claviclectomy, repair of the deltoid muscle, plastic surgery closure of the 6-inch incision, and pain pump insertion on 07/12/2013. The patient was seen on 11/26/2013 which documented the patient's pain as 2/10. The patient was noted to have regained all his motion. The patient was noted to have neck pain and right knee pain 4/10. The patient was noted to have completed physical therapy for his shoulder. The patient was pending cardiac clearance for knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis Section, Specific Opioids:Tramadol Page(s): 83 and 84.

Decision rationale: The patient was noted to have pain to his right shoulder and right knee upon examination on 11/26/2013. The documentation submitted for review noted the patient medication of Tramadol for long-term use. The California MTUS does not recommend the use of Tramadol for long-term use. The guidelines state the use of Tramadol should be for short-term use, less than three months. The documentation submitted for review noted the patient's use of Tramadol prior to 06/18/2013. Furthermore, the documentation submitted for review did not address the medications analgesic effect and the patient's functional improvements due to the medication. There were no extenuating circumstances submitted for review to continue the use of the medication. The request for Tramadol 150 mg, 30 count, is not medically necessary or appropriate.