

Case Number:	CM13-0049358		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2005
Decision Date:	07/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/07/2013

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 Texas and Georgia. 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 50-year-old male who reported an injury on 01/11/2006 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 09/12/2013 for reports of right shoulder pain rated at 7/10 and left shoulder pain rated at 4/10 to 5/10. The exam was unremarkable. The diagnoses included status post bilateral shoulder arthroscopies, bilateral shoulder impingement, bilateral AC cartilage disorder, bilateral subacromial subdeltoid bursitis, and bilateral bicipital tendonitis. The treatment plan included refilled medications and subacromial injections. The request for authorization form and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Tramadol 50 mg #90 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing

management of pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence in the documentation provided of objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate the frequency of the prescription. Therefore, due to the significant lack of clinical evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk for aberrant drug use behavior, and side effects, and the request not including the frequency of the prescription, the request for tramadol 50 mg #90 with 3 refills is not medically necessary.