

Case Number:	CM13-0063283		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Geriatrics and is licensed to practice in New York. 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:

he injured worker has a date of injury of 12/07 for his left shoulder and 10/27/09 for his back and knees. He was evaluated by his physician on 10/18/13 with persistent shouder and arm pain. His left shoulder had more pain than the right. He was using norco and ambien for sleep and both were said to be helping. His physical exam showed tenderness of the left shoulder at the biceps tendon and acromioclavicular joint with well healed incisions. His range of motion was limited (passive to 90 degrees and active abduction to 80 degrees. His diagnoses included left shoulder impingement syndrome with acromioclavicular joint pain, adhesive capsulitis and probable recurrent rotator cuff tear, status post arthroscopy right shoulder impingement syndrome with acomioclavicular joint pain - compensatory, L2-3, L3-4, L4-5 disc protrusions with neuroforaminal stenosis, bilateral knee pain with prior knee surgery, bilateral carpal tunnel syndrome and psychiatric disease. He was prescribed ultram for pain which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The injured worker's pain is improved with current use of opioids. The tramadol is denied as not medically necessary.