

Case Number:	CM13-0068344		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2007
Decision Date:	07/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine 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:

The patient is a 57 year old male who was injured on 07/12/2007. His diagnoses include cervical facet syndrome, rotator cuff disorder, right wrist pain, and depressive disorder. Prior treatment history has included multiple surgeries including arthroscopic right shoulder subacromial decompression, arthrotomy with removal of rotator cuff calcification on 04/28/2008, repeat right shoulder arthroscopic subacromial decompression, distal clavicle resection and labral debridement on 07/02/2009, right wrist arthroscopic debridement of fibrocartilate complex tear on 01/19/2010 and left shoulder arthroscopic decompression. The patient's medications include Cyclobenzaprine since at least 12/03/2012 and Tramadol since at least 05/13/2013. On 08/19/2013 a request for Ultram 50 mg #120 was requested. His current medications include Ultram, Prilosec, Cyclobenzaprine and a topical compound. Diagnostic studies reviewed include a urine toxicology report dated 08/05/2013 revealing positive detection for synthetic opioids, Tramadol, tricyclics, and acetaminophen. An EMG/NCV dated 07/08/2010 revealed: 1) Mild bilateral carpal tunnel syndrome. 2) No ulnar neuropathy was seen. 3) Electromyographic indicators of acute cervical radiculopathy not noted. An MRI of the cervical spine dated 01/05/2012 shows broad-based anterior spur, disc space narrowing and disc desiccation. Central and right paracentral and right neural foraminal disc osteophyte complex measuring max of 3 mm in AP diameter. Mild to moderate narrowing right side of canal. C6-7 moderate to severe disc space narrowing. Disc osteophyte complex present greatest in AP diameter in left neural foraminal area measuring maximal 4-5 mm in AP diameter causing moderate to severe left neural foraminal narrowing. There is mild right neural foraminal narrowing. No central canal narrowing is seen. A progress note dated 10/30/2013 documented the patient has complaints in multiple areas including the neck, shoulders, back, right wrist and bilateral feet. There is left and right foot pain along with stiffness of left foot and left heel. He had an occipital headache last

week lasting 48 hours. There is stiffness of the left and right shoulder. There is numbness over the neck with muscle spasm. There is pain in the left wrist. The pain has increased since the last visit. His activity level has decreased. Objective findings on examination of the cervical spine revealed paravertebral muscle hypertonicity noted on both sides. Spinous process tenderness is noted on C5, C6 and C7. There is abnormal posture with neck extension. Examination of both shoulders finds movements restricted with flexion 100 and abduction 100. The treating provider has requested Tramadol HCL ER 150mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL ER 150 MG CAPSULE 1 DAILY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-96.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Within the medical records provided for review, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the MTUS Chronic Pain Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The medical records documented indicate the patient has not had any objective functional improvement. Further, the documents show Tramadol has no effectiveness on neuropathic pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.