

Case Number:	CM14-0008950		
Date Assigned:	02/14/2014	Date of Injury:	04/09/2003
Decision Date:	07/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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 Neurological Surgery 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 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 records reflect this is a 67-year-old female, who sustained an injury on April 09, 2003. It is also noted the injured worker continues to take Norco and topical non-steroidal's. There are ongoing complaints of right shoulder pain. A Magnetic Resonance Arthrogram (MRA) of the left shoulder was obtained in October, 2013 noting a partial articular surface tear of the supraspinatus. There was no evidence of a full thickness tear. The follow-up progress note indicates ongoing complaints of shoulder pain. Chiropractic care was continued. There is indication that a shoulder surgery has been completed. Electrodiagnostic studies reported to be normal. It is noted a request for Ultram (Tramadol) was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAMADOL 50 MG QUANTITY 60 WITH ONE REFILL:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: Use of a semisynthetic analgesic is indicated for intermittent musculoskeletal pain. However, it is also imperative that the efficacy of the use of this preparation be described. Furthermore, under Chronic Pain Medical Treatment Guidelines, there needs to be some indication of the functional improvement and noting the age of the injured worker, tempered by the current MRA findings and the unchanging symptomology, there is no indication this medication is demonstrating any utility whatsoever. Therefore, the request for one prescription of Tramadol 50 mg with a Quantity of 60, is not medically necessary.

MRA of left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, updated April 25, 2014.

Decision rationale: While noting that there has been previous treatment for the shoulder, there is nothing on physical examination to suggest there is a labral tear that would require such an imaging study. When considering the date of injury, the treatment to date, the findings on physical examination and the parameters outlined in the Official Disability Guidelines, there is insufficient clinical presented to support this request. The request for an MRA of the left shoulder is not medically necessary.