

Case Number:	CM14-0010558		
Date Assigned:	02/21/2014	Date of Injury:	11/14/2011
Decision Date:	07/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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:

This is a 57-year-old male patient with an 11/14/11 date of injury. The mechanism of injury was provided. In the received medical records a progress report dated on 12/9/13 was not available. In the recent progress report dated on 11/19/13 the patient's main complaint was persistent pain in the right shoulder. Physical exam demonstrated unchanged cervical spine symptomatology with paravertebral muscle spasm. Right shoulder was post-operative with 50% of normal range of motion. Lumbar spine, bilateral hands/wrists and feet were in the same condition as last visit. Diagnostic Impression includes shoulder injury and bilateral wrist pain. Treatment to date is medical treatment and physical therapy. There is documentation of a previous 1/15/14 adverse determination, based on the fact that there was no documentation to support Tramadol as a first line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRAMADOL 150 MG, #60 DOS 12/9/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 79-81, 113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. However, the requested retrospective was not available in the received medical records. In addition, there was no documentation supporting pain relief or functional gains in regards of Tramadol use. Therefore, the request for retrospective Tramadol 150 mg, #60 was not medically necessary.