

Case Number:	CM14-0110928		
Date Assigned:	09/16/2014	Date of Injury:	09/10/1996
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records, presented for review, indicate that this 68-year-old female was reportedly injured on 9/10/1996. The mechanism of injury was noted as a fall. The most recent progress note, dated 8/6/2014, indicated that there were ongoing complaints of bilateral shoulders pains, low back pain, and knee pain. The physical examination demonstrated inspections of bones, joints, and muscle and showed reduced range of motion of the right shoulder and tenderness to palpation of the right knee. There was full range of motion of the right knee. Muscle strength 5/5 for all groups was tested. Right shoulder revealed decreased range of motion. There was positive tenderness to palpation diffusely and intact sutures of the left shoulder without signs of infection, redness, or drainage. Shoulder brace was in place and not taken down to review range of motion. There was positive pain with range of motion testing of the shoulders and increased pain to provocative maneuvers. Proprioception and reflexes were normal. Lumbar spine revealed positive FABER test on the right, positive Patrick's test on the right, positive tenderness to palpation over L4 through S1 facet capsules bilaterally, and pain with rotational extension indicative of facet capsular tears bilaterally. There were also positive ropelike fibrotic banding and spasm bilaterally with positive Stork test on the right. No recent diagnostic studies are available for review. Previous treatment included injections, medications, and conservative treatment. A request had been made for Tramadol 50 mg #90 with three refills and was not certified in the pre-authorization process on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.