

Case Number:	CM14-0113821		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2012
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 61 year old male who reported an injury on 02/08/2011 to 02/08/2012. The mechanism of injury was prolonged repetitive job activities. The injured worker had multiple diagnoses to include cervical spine upper back sprain/strain, cervical spine degenerative disc disease, right shoulder impingement, and right shoulder arthrosis. Past treatments included medications, physical therapy, and surgery. Upon exam on 06/17/2014, the injured worker complained of bilateral shoulder, elbow, wrist, and hand pain. Exam of the right shoulder revealed tenderness over the anterior aspect and superior aspect. There was a positive Neer's and Hawkins sign, right greater than left. Medications included tramadol/APAP 37.5/325 mg. The right elbow revealed tenderness over the bilateral epicondylitis. The injured worker was prescribed tramadol APAP 50 mg for pain. The request is for tramadol/APAP 37.5/325 mg, quantity 60. The rationale was not provided within the documentation submitted for review. The Request for Authorization form was signed 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 80-82.

Decision rationale: The MTUS Chronic Pain Guidelines states central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The MTUS Chronic Pain Guidelines recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker has returned to work with modified restrictions. There is a lack of documentation of evidence that the injured worker had improved functioning and improved pain with medication. There is a lack of documentation of the side effects and aberrant behavior. The request does not specify frequency. As such, the request is not medically necessary and appropriate.