MAXIMUS Federal Services

Case Number:	CM14-0114168		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2012
Decision Date:	10/09/2014	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 58 year old male who reported an injury on 04/02/2012; the mechanism of injury was not provided. Diagnoses included thoracic sprain/strain, and residuals right shoulder after prior arthroscopic surgery. Past treatments included chiropractic care, acupuncture and medication. Past diagnostics were not provided. Surgical history included arthroscopic repair of the right shoulder on 07/03/2012. The clinical note dated 06/25/2014 indicated the injured worker complained of back and right shoulder pain. Physical exam revealed range of motion for the right shoulder and thoracic spine were within normal limits. Medications included Tramadol 50 mg, Prilosec, Naproxen 550 mg, and Menthoderm ointment. The treatment plan included Tramadol 50 mg; the rationale for treatment was not provided. The request for authorization form was completed on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78.

Decision rationale: The request for Tramadol 50 mg is not medically necessary. The California MTUS Guidelines state that criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker complained of back and right shoulder pain. It is unclear how long the injured worker had been taking the requested medication. There is a lack of documentation of quantified pain relief, functional improvement, and any potentially aberrant drug-related behaviors through the use of urine drug screens. Additionally, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Tramadol 50 mg is not medically necessary.