

Case Number:	CM14-0123973		
Date Assigned:	08/08/2014	Date of Injury:	09/30/2005
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Orthopedic Surgeon 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 injured worker is a 51-year-old male who reported an injury on 09/30/2005. The mechanism of injury was not provided for clinical review. The diagnoses included bilateral elbow pain, left shoulder pain, bilateral wrist pain, constipation, gastritis, opioid dependency. The diagnostic testing included an EMG/NCV. Within the clinical note dated 07/21/2014, it was reported the injured worker complained of pain which radiated down his bilateral upper extremities. He complained of low back pain which radiated down his bilateral lower extremities. He rated his pain 10/10 in intensity without medication. Upon the physical examination the provider noted tenderness at the left rotator cuff and the left anterior shoulder. The range of motion of the left shoulder and left elbow was decreased. The provider requested for tramadol. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol HCL 50 mg #30 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 05/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.