

Case Number:	CM14-0152339		
Date Assigned:	09/22/2014	Date of Injury:	03/30/2011
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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 51-year-old female who reported an injury on 03/30/2011; while working the conveyor belt lifting stacks of linen from the conveyer belt to a cart, the injured worker felt sharp stabbing pains in the left side of her lower back, and to her right shoulder attributed to repetitive heavy pushing, pulling, and lifting of linen, uniforms, and carts. The injured worker complained of pain to the neck, with numbness and tingling to the hands and fingers, and pain to the shoulders that comes and goes. The injured worker had a diagnosis of cervical spine chronic sprain/strain with myofasciitis, left upper extremity paresthesia, right shoulder impingement, right shoulder with rotator cuff tendinopathy and bursitis, right shoulder full thickness tear of the rotator cuff involving the supraspinatus and infraspinatus tendons, right shoulder status post arthroscopic repair of the supraspinatus tendon, right postoperative adhesive capsulitis, lumbosacral chronic sprain/strain with radicular symptoms, lumbar spine with minimal disc desiccation and anterior endplate osteophyte formation at L1-2, disc desiccation and mild bilateral facet joint osteoarthritis at the L3-4, mild disc desiccation and mild to moderate bilateral facet joint osteoarthritis with minimal bilateral foraminal narrowing at the L4-5, and moderate bilateral facet joint osteoarthritis and mild to moderate foraminal narrowing at the L5-S1 per the MRI dated 07/05/2011, and bilateral lower extremity radicular symptoms. The medications included Mobic 7.5 mg and tramadol/APAP 50 mg. The physical examination dated 08/19/2014 of the cervical spine demonstrated tenderness to palpation over the midline cervical spine, right paraspinals, right trapezius, and right rhomboids. Sensory examination revealed decreased sensation to light touch over the bilateral hands and fingers. The examination of the right shoulder revealed tenderness to palpation over the anterior and posterior aspects of the shoulder. The left shoulder examination revealed tenderness palpation over the anterior aspects of the shoulder, right greater than left. Lumbar spine examination demonstrated tenderness to palpation

over the bilateral paraspinals and bilateral upper gluts, left greater than right. The treatment plan included tramadol/APAP 50 mg. The Request For Authorization dated 09/22/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-APAP 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Tramadol (Ultram), Tramadol/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis.

Decision rationale: The request for tramadol-APAP 50mg #60 is not medically necessary. The California MTUS recommends tramadol on a trial basis for short term use after there has been evidence of failure of first line nonpharmacological and medication options, such as acetaminophen or NSAIDs, and when there is evidence of moderate to severe pain. It is also recommended for a trial if there is evidence of contraindications for use of first line medications. Weak opioids should be considered at initiation of treatment with this class of drugs, and stronger opioids are only recommended for the treatment of severe pain and/or exceptional circumstances. The documentation was not evident of the length of time that the injured worker had been taking the tramadol/acetaminophen the guidelines recommend for short term use. The clinical notes also lacked the documentation indicating there was evidence that first line nonpharmacological and medication options had failed. The request did not address the frequency. As such, the request is not medically necessary.