

Case Number:	CM14-0171645		
Date Assigned:	10/23/2014	Date of Injury:	01/14/2011
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 61-year-old female who sustained a work related injury on 01/14/11 as result of her knee hitting a handcart she was attempting to walk around, causing her to fall to the ground. When she fell, she straightened her left arm. On her most recent office visit dated Sept 15, 2014, she complained of left shoulder pain. On exam, she has reduced range of motion in all planes along with pain around and about the shoulder joint to mild palpation. In dispute is a decision for Tramadol ER 150mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Intervention and Treatments Page(s): 93-94.

Decision rationale: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system, is indicated for moderate to severe pain and is not classified as a controlled substance by the DEA. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours

(not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. The patient has been on this medication since at least March 24, 2014 as based upon the progress report of the same date. With long term use of any opioid, periodic assessment of functionality improvement and pain reduction needs to be done to continue opioid pain medications. There is no documentation that this has been done for this patient. Due to the absence of this documentation, the requested medication is not medical necessary.