

Case Number:	CM14-0173289		
Date Assigned:	10/24/2014	Date of Injury:	10/01/2012
Decision Date:	12/10/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/20/2014

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 Arizona and is licensed to practice in Orthopedic Surgeon. 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:

This 43-year-old female sustained an injury on 10/1/2012. The injury involved her neck and right shoulder. Because of continuing complaints of pain, an MR scan of the shoulder was done and this revealed a partial rotator cuff tear. The patient underwent arthroscopic surgery with subacromial decompression and debridement of the rotator cuff on 11/18/2013. Postoperatively the patient appeared to be getting worse and a diagnosis of adhesive capsulitis of the shoulder was made. On 2/24/2014 the patient underwent a manipulation of his right shoulder because of the adhesive capsulitis. The progress report of 9/10/2014 states the patient feels like her condition is still getting worse. Every day she has pain in her right shoulder which radiates down into her right hand and goes up into her neck area. She has difficulty sleeping more than 2 hours a night. She has marked restriction of active and passive range of motion of the right shoulder. The patient has been taking tramadol 50 mg twice a day for several months. The tramadol reduces the pain from a 9/10 to a 7/10 for only 2 hours and then the pain reoccurs. A previous UR review suggested weaning the patient from tramadol. A request is made for a prescription of tramadol 50 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain discussion, opioids Page(s): 1-10, 74-96.

Decision rationale: The chronic pain guidelines state that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient as decreased pain, increased level of function, or improved quality of life. The goal of any treatment is the demonstration of functional improvement which means clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination or a reduction in dependency on continued medical treatment. Two reasons for discontinuance of opioids are that there is no demonstration of overall improvement in function and there is a decrease in function. This patient appears to be getting worse despite the use of opioids and they have produced no or very little functional improvement. This requires a re-thinking of why tramadol continues to be used. Therefore the medical necessity for continuing the use of tramadol has not been established.