

Case Number:	CM14-0179183		
Date Assigned:	11/03/2014	Date of Injury:	11/02/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 38 year-old male who was injured on 11/2/12 when using an electric slicer. He complained of right shoulder pain and was found to have tenderness of the right trapezius and neck radiating down right arm. He also complained of neuropathic pain down his arm. An MRI showed tendinopathy of the supraspinatus tendon with partial tear, arthritic changes of the glenohumeral joint, and labral tear. He had right shoulder arthroscopy. He was diagnosed with cervical spine pain, right shoulder pain, adhesive capsulitis of the right shoulder, and status post right shoulder arthroscopy with impingement. He was to continue his home exercise program after physical therapy and had a cortisone injection without relief. He was prescribed Naproxen, Tramadol, and Nizatidine. The current request is for continued use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 60 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is not medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his right shoulder pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. The patient is continued on muscle relaxants and anti-inflammatories. Because of these reasons, the request for Tramadol is considered as not medically necessary.