MAXIMUS Federal Services

Case Number:	CM14-0022708		
Date Assigned:	06/11/2014	Date of Injury:	12/28/2011
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Surgery, 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 47-year-old male was reportedly injured on December 28, 0211. The mechanism of injury was noted as a fall to the ground with his right arm extended. The most recent progress notes dated April 4 and May 16, 2014, indicate there are ongoing complaints of neck and shoulder pain with radiation to the upper extremities. Physical examination demonstrated limited cervical flexion/extension: 45/30; tenderness/spasm over right paraspinal/trapezium; right wrist range of motion: flexion 20, extension 25, radial deviation 10, ulnar deviation 25; tenderness over radial aspect of right wrist; decreased sensory function to the right C5, C6 dermatonal distribution; grip strength: 5-/5 left and 4/5 right. Jamar Dynamometer measurement was 12 kg right & 17 kg left. Electrodiagnostic study (EMG/NCS) of the right upper extremity, dated October 10, 2013, was positive for a C5-C6 radiculopathy. MRI of the cervical spine showed multilevel disc protrusions with a diffuse disc herniation at C5-C6 resulting in bilateral foraminal stenosis and a disc protrusion at C6-C7. MRI of the right shoulder, dated May 2, 2014, demonstrated a type III acromion, a large two centimeter full thickness supraspinatus tear with significant two centimeter retraction, partially intact anterior and posterior edges and adhesive capsulitis. MRI of the right elbow, dated May 5, 2014, showed mild degenerative arthritis with small joint effusion. Previous treatment included acupuncture, wrist brace and medications to include Ultram ER and Anaprox. A request was made for Tramadol 50 mg #30 and denied on February 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol 50mg, thirty count, is not medically necessary or appropriate.