

Case Number:	CM14-0024038		
Date Assigned:	05/12/2014	Date of Injury:	12/20/2008
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
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 Family Medicine, has a subspecialty in Preventive Medicine 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:

This is a 36 yr. old female claimant sustained a work injury on 12/20/08 resulting in chronic neck and shoulder pain. She had a diagnosis of right shoulder impingement, right shoulder labral tear and a full thickness tear of the supraspinatus tendon. Since at least February 2013 her pain had been managed with Ibuprofen, Tramadol and Flexeril. An exam note in September 2013 indicated she had continued pain in the involved areas with difficulty lifting over 5 lbs. in the right arm. She had tenderness in the neck and right shoulder with a positive Neer's and Hawkin's sign. She was continued on her medications. Similar exam findings were noted in December 2013. Hydrocodone was added. In January 2014 a 3 month refill of Tramadol was continued with her prior medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #240 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 93-94.

Decision rationale: In this case, the clamant had mostly neck and shoulder pain- not low back pain. She had been on Tramadol for over a year. This was recently combined with another short-acting opioid (Hydrocodone) creating the risks of addiction, toxicity and redundancy. Based on the above guidelines, continued Tramadol is not medically necessary.