

Case Number:	CM14-0025215		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2012
Decision Date:	08/01/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 patient is a 66-year-old female who has submitted a claim for left shoulder status post AC joint resection, status post left shoulder arthroscopy SAD and rotator cuff repair, right shoulder full thickness rotator cuff tear, right shoulder impingement syndrome, right shoulder AC joint arthrosis, and depression associated with an industrial injury date of 6/13/12. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain, but with 40% reported improvement post-surgery. She reported pain relief and functional improvement from medication use. Physical examination of the right shoulder showed positive Neer's test, positive Hawkin's test, and greater tuberosity tenderness. Objective findings of the left shoulder showed abductor and external rotator strength of 4/5. Treatment to date has included left shoulder arthroscopy, subacromial decompression, AC joint resection, and debridement on 11/13/13; left shoulder arthroscopy, subacromial decompression and rotator cuff repair on 8/21/12; and medications such as diclofenac, omeprazole, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 160mg #30: Upheld

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

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are four components for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating intake of tramadol was dated August 2013. The patient reported pain relief and functional improvement from its use. However, objective measures of efficacy were not assessed. The present request failed to specify dosage and quantity to be dispensed. There is limited information as to compliance, tapering, and alternate means of pain control. Therefore, the request for tramadol is not medically necessary.