

Case Number:	CM14-0030773		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2010
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 39 year old male whose mechanism of injury is not documented; but occurred on 7/01/10 where he apparently injured his left hand, left shoulder and left knee. Surgery to the left shoulder in August 2013, acromioplasty and a Mumford procedure followed the injury. Other treatment modalities include pain medications, muscle relaxants, and anti-inflammatories, and over twenty physical therapy visits. Most recent progress note dated 02/25/14 advised the injured to be more aggressive with his home based physical therapy program, which reportedly helped. A release to full duty without restrictions is documented. Minimal intermittent pain over the lateral aspect of the left elbow with ability to use the left upper extremity for full functional tasks is noted. Norco 10/325 one tablet three times daily is used. A topical gel prescription is noted. Physical examination pain is rated as 1-2/10. Left upper extremity examination revealed no focal swelling over the forearm, elbow, wrist and hand. Active range of motion of the left shoulder abduction 145 degrees, passive range of motion is up to 150 degrees. External rotation 70 degrees, internal rotation 70 degrees with pain at end range. Left elbow examination reveals minimal tenderness over the lateral extensor region distal to the epicondyle. Dorsiflexion is 70 degrees, palmar flexion is 70 degrees. No focal tenderness to palpation of the left wrist is noted. Motor examination shows normal tone in the left upper extremity. Muscle strength is 5/5 in the upper extremities. Deep tendon reflexes are intact. Sensory exam is intact to light touch and pinprick in the left upper extremity. Diagnosis chronic left shoulder pain, status post left shoulder arthroscopy and Mumford procedure, chronic left lateral elbow pain secondary to extensor tendinopathy, left wrist pain status post triangular fibrocartilage repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol transdermal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics.

Decision rationale: The request for Tramadol transdermal is not medically necessary. It is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, medical necessity has not been established.