

Case Number:	CM14-0031068		
Date Assigned:	06/20/2014	Date of Injury:	10/28/1996
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 70-year-old male injured on October 28, 1996. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of left shoulder pain. The shoulder pain was rated at 3-4/10 on the visual analog scale. The physical examination demonstrated good active range of motion. There was a diagnosis of chronic left shoulder pain. The treatment plan consisted of prescriptions of tramadol and omeprazole. Objective studies noted thinning of the articular cartilage in the left shoulder, subchondral sclerosis and spurring in the glenohumeral joint. Previous treatment also consisted of a left shoulder surgery in 1996. A request had been made for tramadol and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 100 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, ongoing management Page(s): 78.

Decision rationale: A review of the medical records does not indicate the injured employee's efficacy with the use of tramadol. Additionally, there is no documentation of improved pain relief with tramadol, that has not been achieved with first-line medications, nor is there any documentation of its ability to improve the injured employee's quality of life and participate in activities of daily living. Without this information, this request for tramadol is not medically necessary.