

Case Number:	CM14-0039985		
Date Assigned:	06/27/2014	Date of Injury:	05/23/2009
Decision Date:	08/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 47 year-old male patient with a 5/23/2009 date of injury. The patient injured his left hand and shoulder while moving heavy totes. The patient had 2 shoulder surgeries and a rotator cuff repair. On a visit on 12/2/2013 the patient complained of right upper extremity pain and discomfort. The left shoulder pain is zero. The right shoulder pain is 7/10. This complaint is not a part of this case. The patient has full range of motion in both shoulders, weakness with left abduction and external rotation. The current diagnostic impression is left shoulder rotator cuff tear status post arthroscopic surgeries, and right shoulder impingement syndrome. Treatment to date: Physical therapy, ROM program, home exercise program, medication management. A UR decision dated 3/4/2014 denied the retrospective request for 60 tablets of Tramadol Hydrochloride 50mg on 2/24/2014. The rationales for denial were that the patient stated on a PT report dated 12/5/2013 that the medication did not help with pain. Another rationale for denial was that the physicians were not following the MTUS guidelines for opioid use. The retrospective request for 60 tablets of Hydrocodone/APAP 5-325mg on 2/24/2014 was denied by the same rationale as above.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol Hydrochloride 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 10 Elbow Disorders, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113, 78-81.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient stated that the medication did not help with the pain. There were no urine drug screens, patient opiate contract, or measure of improvement of functionality with this medication usage. Therefore, the request for Tramadol Hydrochloride 50mg was not medically necessary.

60 Tablets of Hydrocodone/APAP 5/325mg: 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 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a PT report dated 12/5/2013 the patient stated that the medication did not help with his pain. There were no urine drug screens to insure compliance, no patient opioid contract, and no measure of improvement in functionality. The patient had no analgesia from the current medication regimen. Therefore, the request for Hydrocodone/APAP 5/325mg was not medically necessary.