

Case Number:	CM14-0047709		
Date Assigned:	06/25/2014	Date of Injury:	03/31/2003
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	03/31/2014

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 51-year-old male who was reportedly injured on March 31, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated November 25, 2013, indicates that there are ongoing complaints of neck pain, right shoulder pain, right hand pain and right wrist pain. The physical examination demonstrated limited painful range of motion of the right shoulder. Acupuncture for the right shoulder and right wrist was recommended. A magnetic resonance image of the right hand showed a tear of the triangular fibrocartilage. Previous treatment includes a right-sided carpal tunnel release, an ulnar nerve release, and trigger point release, left sided carpal tunnel release, left shoulder subacromial decompression, rotator cuff repair and Mumford procedure. There was also a right shoulder surgery with an unknown procedure performed. A request was made for tramadol/acetaminophen finished and was not granted in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review: Tramadol/Acetaminophen 37.5/325, QTY 100 30 Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Medical treatment guidelines - Opioids. Decision based on Non-MTUS Citation Broadspire's Physician's Advisory Criteria (PAC): Pharmacology Criteria: Drug Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California Chronic Pain Treatment Guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. Given the injured employees clinical presentation and not enough documentation of functional improvement with tramadol, or other medications this request for tramadol/acetaminophen is not medically necessary.