

Case Number:	CM14-0047923		
Date Assigned:	07/02/2014	Date of Injury:	09/28/2011
Decision Date:	10/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This 55-year-old male truck driver sustained an industrial injury on 9/28/11 relative to a fall. Past surgical history has positive for right foot surgery on 11/11/11, and recurrent left inguinal hernia repair on 9/11/13. The patient underwent left shoulder Diagnostic Arthroscopy with Extensive Synovectomy, Glenoid Chondroplasty, Arthrotomy, and Open Subacromial Decompression with Coracoacromial Ligament Resection, Rotator Cuff Repair, and Open Mumford procedure on 1/21/14. The patient was also diagnosed with cervical disc protrusion with radiculopathy, multilevel lumbar disc disease with radiculopathy, and neuritis/neuroma of the right foot first interspace, status post foot fracture. Records documented use of Tramadol since 4/1/13. The patient was being followed by his primary treating physician, an orthopedic surgeon, a podiatrist, and a neurologist. Multiple medication prescribers were noted. The 2/3/14 orthopedic surgeon report cited improvement in the left shoulder following surgery. There was residual left shoulder pain with mild increase in range of motion. Physical exam documented healing incisions with no sign of erythema or swelling, or undue tenderness. Range of motion testing demonstrated flexion and abduction to approximately 90 degrees. Pain and sleep medications were refilled as they were providing pain relief and improving his functional status. Post-op physical therapy was to be initiated. The 5/19/14 utilization review modified a request for Tramadol 150 mg two tablets per day to Tramadol 150 mg #30 for the purposes of weaning as the patient had been using this medication since 4/1/13 with no long-term studies to allow for recommendations longer than 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg ER #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84, 113 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Tramadol has been prescribed since at least April 2013. It appears that there are multiple prescribers of medications. The 5/19/14 utilization review partially certified Tramadol ER 150 mg for #30 tablets, reduced from 2 tablets per day, for the purposes of weaning. There is no compelling reason to support the medical necessity of continued use of Tramadol beyond the current certification based on the available records. Therefore, this request is not medically necessary.