

Case Number:	CM14-0052579		
Date Assigned:	07/07/2014	Date of Injury:	08/10/2009
Decision Date:	08/06/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 8/10/09 date of injury, and right shoulder surgery (right shoulder arthroscopy with repair of subscapularis tendon, extensive debridement, and repair of deltoid) on 10/12/12. At the time (3/24/14) of request for authorization for Tramadol 50mg #30, there is documentation of subjective (right shoulder pain) and objective (unable to move shoulder with positive Hawkins and Neer signs) findings, current diagnoses (flared right shoulder pain, shoulder sprain/strain, and chronic pain syndrome), and treatment to date (medications (including Tramadol since at least 10/1/13) and physical therapy). Medical reports identify that the patient identifies that Tramadol is not working and would like to discuss getting a different medication. There is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; of moderate to severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of flared right shoulder pain, shoulder sprain/strain, and chronic pain syndrome. In addition, there is documentation of ongoing treatment of Tramadol since at least 10/1/13. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that the patient reports that Tramadol is not working and would like to discuss getting a different medication, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #30 is not medically necessary.