

Case Number:	CM14-0068277		
Date Assigned:	07/14/2014	Date of Injury:	09/18/2006
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 patient is a 56-year-old female who injured on 09/18/2006 while she was carrying a linen bag filled with dirty linen and felt pain in her shoulder and neck. She underwent right shoulder arthroscopic surgeries x3 on 11/14/2007, 08/10/2010 and 06/02/2011 and left shoulder arthroscopy on 08/06/2013. Treatment history includes medications, injections, physical therapy, sling, HEP and activity modification. Medication treatment includes Motrin, Tramadol, Ambien, and Medrol Dose Pak. She has been taking Tramadol at least since 2012. A progress report dated 04/14/2014 indicates that the patient's symptoms are stable, no guarding and spasm. Tenderness in paraspinal muscles. Extension 40, flexion 40, right, and left rotation 70. Right shoulder shows flexion/abduction 160, IR and ER 80, abduction and extension 40 with tenderness anteriorly and laterally. Left shoulder flexion and abduction 160, IR and ER 70, adduction 30, and extension 10. Healed portals from surgical intervention. Motor strength 5-/5 in the upper extremities. Sensory intact. She was recommended Ultram 1 tablet BID PRN for pain #60 with 1 refill. UR report dated 04/22/2014 indicates the request for Ultram was not medically necessary because there is sparse information in the most recent medical report as to the domains of ongoing opioid management including monitoring for diversion, abuse, side effects or tolerance development, dosage adjustments, attempts to wean and taper, endpoints of treatment, and continued efficacy and compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-96.

Decision rationale: This is a request for Ultram for a 56-year-old female injured on 9/18/06 with chronic neck and shoulder pain status post multiple shoulder surgeries. The patient is prescribed Ultram on a long-term basis however, according to MTUS guidelines; efficacy of long-term Ultram (Tramadol) use is not clearly established. History and examination findings do not demonstrate clinically significant functional improvement, including reduction in dependency on medical care, from use of Ultram therefore, this request is not medically necessary.