

Case Number:	CM14-0068368		
Date Assigned:	07/14/2014	Date of Injury:	02/27/2009
Decision Date:	08/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain 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:

The injured worker is a 50-year-old female who reported an injury on 02/27/2009. The mechanism of injury was not documented in the report. She has been diagnosed of left shoulder injury, status post 3 shoulder surgeries (the latest was done on 03/06/2013), persistent left shoulder impingement syndrome, complaint of headaches with dizziness, blurred vision, and gastro esophageal reflux disease. Past medical treatment includes Synvisc injections of the knees bilaterally, physical therapy, and medication therapy. Diagnostics include an x-ray of the right knee that was done in March of 2009. The injured worker had surgery to the left shoulder that was performed on 03/03/2013. She complained of low back pain, right knee pain, and left shoulder pain and also stated that most of her shoulder pain was in the back of her shoulder. She believed that the neck pain was related to her shoulder pain. Her back pain traveled into her legs. She also had stiffness in her knee and the pain increased when she would use the stairs. There was no measurable pain level documented in report. Physical examination findings dated 05/08/2014 of the cervical spine revealed tenderness to palpation over the bilateral paracervical muscles, more on the left side with mild spasm and trigger points in the left upper trapezius. The left shoulder had surgical scars. It also revealed a flexion of 150 degrees and abduction of 120 degrees with pain primarily in the parascapular region. There was crepitus in the scapulothoracic region upon abduction and external rotation of the left shoulder. There were 2 very tender trigger points present in the medial portion of the infraspinatus muscle with twitch sign. Palpation referred pain toward the acromion region. There was less tender trigger points present in the rhomboid and supraspinatus muscles. Examination of the right knee revealed tenderness to palpation over the medial joint line. There was crepitus upon extension of the left knee. Clark's test was positive. Lachman's test was negative. The injured worker's medications include Trazadone, Tramadol, Omeprazole, and Venlafaxine. There was no duration, frequency,

or dosage documented in the submitted report. The treatment is to continue Tramadol 50 mg. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) Page(s): 78, 93-94.

Decision rationale: The injured worker complained of low back pain, right knee pain, and left shoulder pain. There was no measurable pain level documented in report. The California Treatment Utilization Schedule (MTUS) Guidelines state central analgesics drugs such as Tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS Guidelines also state that there should be a current pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that Tramadol is not recommended as a first line oral analgesic. The report lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were before, during, and after medication. There was no documentation of the 4 A's to include analgesic, activities of daily living, adverse side effects, and aberrant drug-taking behavior. A submitted report did not include a urinalysis showing that the injured worker was in compliance of the MTUS Guidelines. Furthermore, the request submitted did not include a frequency for the Tramadol. Given that the documentation submitted for review lacked any evidence, the request for Tramadol 50 mg #90 is not medically necessary.