MAXIMUS Federal Services

Case Number:	CM14-0071306		
Date Assigned:	07/14/2014	Date of Injury:	07/15/2011
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/16/2014

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 Georgia. 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 claimant is a 28 year old male presenting with chronic pain following a work related injury on 7/15/2011. The claimant presented with chest pain, right arm pain and mid/low back pain. The claimant was diagnosed with complex regional pain syndrome. The electrodiagnostic studies on 2/17/2012 showed borderline criteria for cubital tunnel syndrome. An MRI of the right shoulder showed edema in the anterior portion of the deltoid muscels and partial tear of the supraspinatus tendon. The claimant is status post bilateral arthroscopic glenoid debridement, subacromial bursectomy, arthroscopic rotator cuff interval and posterior capsular release, subacromial decompression and excision of the CA ligament. The claimant also had glenohumeral joint injections as well as several stellate ganglion blocks. The physical exam showed spasm and guarding in the lumbar spine, left sided sacroiliac joint tenderness, positive Fabers on the left side, positive straight leg raise, painful range of motion of the lumbar spine. The claimant was diagnosed with pain in the joint, shoulder and sprain strain lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 79 and Tramadol page 83 Page(s): 83.

Decision rationale: Tramadol HCL ER 150 mg #30 is not medically necessary. Tramadol is a centrally acting opioid. Per the MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDs. Additionally, page 79 of MTUS guidelines states that weaning of opioids are recommended if, there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring, the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it is use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid.