

Case Number:	CM14-0077281		
Date Assigned:	07/18/2014	Date of Injury:	08/30/2007
Decision Date:	09/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 42-year-old female with a 8/30/07 date of injury, status post right subacromial decompression with debridement of rotator cuff 1/7/10, status post carpal tunnel decompression 1/12/11, and status post right shoulder decompression of acromioclavicular joint with distal clavicle excision 8/10/11. At the time (5/9/14) of request for authorization for Medication-Narcotic Tramadol/APAP 37.5/325mg Quantity 90, there is documentation of subjective (chronic right shoulder and upper extremity pain) and objective (alert and oriented, no signs of sedation, and gait grossly normal and non-antalgic) findings, current diagnoses (carpal tunnel syndrome status post right carpal tunnel release and pain in joint shoulder status post right shoulder arthroscopy), and treatment to date (physical therapy, massage therapy, and medications (including ongoing treatment with Celebrex (which helps significantly with pain and decreases it by 50%), Diclofenac Sodium cream, and Ketamine cream)). 5/9/14 medical report identifies a plan to start Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Narcotic Tramadol/APAP 37.5/325mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80;113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. 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 carpal tunnel syndrome status post right carpal tunnel release and pain in joint shoulder status post right shoulder arthroscopy. In addition, there is documentation of a plan to start Tramadol/APAP. 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; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation that Celebrex helps significantly with pain and decreases it by 50%, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Medication-Narcotic Tramadol/APAP 37.5/325 mg Quantity 90 is not medically necessary.