

Case Number:	CM14-0079732		
Date Assigned:	07/18/2014	Date of Injury:	09/08/2012
Decision Date:	09/12/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 63 year-old patient sustained an injury on 9/8/12 while employed by [REDACTED]. Request(s) under consideration include retrospective request for 1 prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014. The patient continues to treat for chronic right shoulder pain/ osteoarthritis/ post-operative frozen shoulder. Report of 4/25/14 from provider noted the patient with exam findings of right shoulder pain with near absence of range. Report of 3/20/14 from a provider noted the patient with impaired ADL, difficulty sleeping with functional limitations. Right shoulder MRI dated 2/15/14 showed advance OA changes; full thickness cartilage loss with bone on bone, subchondral cyst formation at humeral head, multiple intra-articular loose bodies; partial tear of biceps tendon, partial bursa surface tear of supraspinatus and partial articular surface tear of infraspinatus. Conservative care has included medications listed as Norco, Naproxen, Tramadol, and Protonix, chiropractic treatment, physical therapy, and modified activities/rest. Request(s) for retrospective request for 1 prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014 was not medically necessary on 5/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 1 Prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Request(s) under consideration include Retrospective Request for 1 Prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014. The patient continues to treat for chronic right shoulder pain/ osteoarthritis/ post-operative frozen shoulder. Report of 4/25/14 from provider noted the patient with exam findings of right shoulder pain with near absence of range. Report of 3/20/14 from a provider noted the patient with impaired ADL, difficulty sleeping with functional limitations. Right shoulder MRI dated 2/15/14 showed advance OA changes; full thickness cartilage loss with bone on bone, subchondral cyst formation at humeral head, multiple intra-articular loose bodies; partial tear of biceps tendon, partial bursa surface tear of supraspinatus and partial articular surface tear of infraspinatus. Conservative care has included medications listed as Norco, Naproxen, Tramadol, and Protonix, chiropractic treatment, physical therapy, and modified activities/rest. Request(s) for Retrospective Request for 1 Prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014 was not medically necessary. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The retrospective request for 1 prescription for Tramadol 37.5/325mg #60 between 4/25/2014 and 4/25/2014 is not medically necessary and appropriate.