

Case Number:	CM14-0080259		
Date Assigned:	07/18/2014	Date of Injury:	11/25/2008
Decision Date:	09/18/2014	UR Denial Date:	04/26/2014
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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is a PR2 report from 10/21/13 which indicates that the insured has "global intractable pain." The insured reports global tenderness with limited and painful right shoulder range. The knee is tender, left greater than the right with positive patellar compression test. Plan of care included continuation of Remeron for depression, Tramadol for pain, Tizanidine, Gabapentin, Nortriptyline and Omeprazole. Report 12/09/13 indicates the insured has complaints of chronic pain and depression. Chief complaints were bilateral shoulder pain, neck pain, low back pain, bilateral knee pain, headaches and depression. The insured complains of constant pain rated 9/10 to 10/10 for all the areas. There is reported reduced range of motion and positive testing including right and left impingement sign, right and left supraspinatus left, right O'Brien test, right Yergason's test, right Roos test and right brachial plexus stretch test all positive. Strength was noted to be 4/5 in the right arm strength testing. The assessment indicated that the insured is "doing poorly" with the treatment that has included right shoulder arthroscopy with manipulation under anesthesia, several courses of physical therapy and acupuncture. Note 04/14/14 PR2 indicates continued global intractable pain. The insured reports tramadol, Tizanidine, Gabapentin and nortriptyline are all helpful for the pain. Physical exam indicates global tenderness with limited range of motion of the right shoulder. Treatment plan included continuing medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 70-75.

Decision rationale: The medical records provided for review do not document clinical effectiveness of the tramadol in support of use of the medication on an ongoing basis in combination with opioid use risk mitigation tools. Chronic use of opioid is not supported under ODG without documentation of clinical effectiveness and long term functional gain. Therefore this request is not medically necessary.