

Case Number:	CM14-0089613		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2009
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old male who reported an injury after lifting heavy loads on 08/01/2009. The clinical note dated 04/30/2014 indicated diagnoses of right shoulder strain and pain status post right shoulder surgery in 2011 and chronic pain syndrome. The injured worker reported the right shoulder pain was 2/10, described as dull, achy pain that flared up to 4/10 after work and at night and increased to a 5/10, especially if he laid on it. The injured worker reported it was localized in and around the shoulder and he had difficulty lifting anything overhead or throwing a ball, wearing a jacket, etc. The injured worker reported he was able to work at below shoulder level and above the shoulder hurt him. The injured worker reported he was in a home exercise program. The injured worker has had physical therapy. On physical examination, the right shoulder abduction was up to 90 degrees with scapular rotation but without scapular input it was 75 degrees in shoulder abduction. Right shoulder internal rotation was of the lower end of lumbosacral paraspinals, right shoulder overhead motion was limited compared to the left. The injured worker's treatment plan included request for physical therapy, request for acupuncture, refill prescriptions, followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and physical therapy and medication management. The injured worker's medication regimen included tramadol and Norco. The provider submitted a request for tramadol. A Request for Authorization dated 05/27/2014 was submitted for tramadol. However, a rationale was not provided 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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol 50mg #90 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate a frequency for the tramadol. Additionally, it was not indicate how long the the injured worker had been utilizing tramadol. Therefore, the request is not medically necessary.