

Case Number:	CM14-0112497		
Date Assigned:	08/01/2014	Date of Injury:	06/24/2010
Decision Date:	02/26/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 25-year-old female with a date of injury on 06/24/2010. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 05/07/2014 indicated the diagnoses of discogenic cervical condition with radiculitis, impingement syndrome of the shoulder on the right with bicipital tendonitis along with rotator cuff strain noted on magnetic resonance imaging with no date of study noted; sleep issues and depression, and headaches. Documentation also noted decompression with modified Mumford procedure and biceps tendon release and stabilization was performed on from 03/20/2014. Subjective findings from 05/07/2014 were remarkable for pain to the right shoulder with movement and activity with pain causing the injured worker to wake up at night. Physical examination performed on this date was remarkable for limited range of motion of the right shoulder with pain preventing movement. Medical records provided refer to prior treatments and therapies that included status post decompression with modified Mumford procedure and biceps tendon release and stabilization on 03/20/2014, use of immobilizer, a medication history of Norco, and a prescription for twelve sessions of post-operative physical therapy and Tramadol ER. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 05/07/2014 noted the injured worker to be not working with the restrictions of avoiding forceful pushing, pulling, heavy lifting, and avoiding raising the right upper extremity above shoulder level. On 06/20/2014, Utilization Review modified the prescription for Tramadol ER

100mg with a quantity of thirty to Tramadol ER 100mg with a quantity of fifteen for weaning. The Utilization Review based their decision on Chronic Pain Medical Treatment Guidelines, California Code of Regulations , Title 8, July 18, 2009; noting that Tramadol ER is used for chronic pain syndrome that requires analgesia twenty-four hours of day. The Utilization Review also noted that pain described was the type of pain that is typical post-surgery and was not a constant pain that required a long acting narcotic medication. For this reason, Tramadol ER should not be abruptly stopped. Therefore, fifteen pills were certified for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.