

Case Number:	CM14-0123810		
Date Assigned:	08/08/2014	Date of Injury:	01/27/2014
Decision Date:	04/02/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 26 year old male, who sustained an industrial injury on 1/27/14. He has reported head injury. The diagnoses have included status post closed head injury without loss of consciousness, mild traumatic head injury, and posttraumatic headaches with associated numbness and posttraumatic labyrinthine concussion. Treatment to date has included oral medication. Currently, the injured worker complains of headaches with some improvement with Desyrel at night. Physical exam performed on 7/24/14 revealed no abnormality. On 7/8/14 Utilization Review non-certified Tramadol ER 150mg #30, noting it is not recommended as first line treatment for chronic, non-malignant pain and (MRI) magnetic resonance imaging of right shoulder, noting the documentation does not demonstrate current objective physical exam findings to substantiate the request. The MTUS, ACOEM Guidelines, was cited. On 7/30/14, the injured worker submitted an application for IMR for review of Tramadol ER 150mg #30 and (MRI) magnetic resonance imaging of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg, count 30.: Upheld

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

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol ER 150mg #30 is not medically necessary.

MRI of the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation ODG: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of the right shoulder is not medically necessary.