

Case Number:	CM14-0166410		
Date Assigned:	10/10/2014	Date of Injury:	05/12/2012
Decision Date:	05/12/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 56 year old male who sustained an industrial injury on 05/12/12. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, 2 right shoulder surgeries, back surgery, and medications. Diagnostic studies are not addressed. Current complaints include low back and right shoulder pain. Current diagnoses include right shoulder tendinosis and impingement syndrome, and chronic lumbar pain with radiculopathy. In a progress note dated 08/15/14 the treating provider reports the plan of care as Tramadol. The requested treatment is Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for right shoulder and low back pain. When seen by the requesting provider he was taking an approximate had ongoing pain rated at 8/10. He had decreased lumbar spine and shoulder range of motion with positive impingement testing. There was an antalgic gait. Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management after failure of a trial of Anaprox. The claimant has undergone surgery and has had physical therapy. The total MED prescribed is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of tramadol was medically necessary.