

Case Number:	CM14-0179268		
Date Assigned:	11/03/2014	Date of Injury:	10/23/2010
Decision Date:	01/09/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in California. 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 67 year-old male, who was injured on October 23, 2010, while performing regular work duties. The mechanism of injury is not provided within the records available for this review. The injured worker is retired. The injured worker has received treatment including medications, and transcutaneous electro nerve stimulation (TENS) unit. The records indicate the injured worker has stated the TENS unit seems to help best with pain. The records reflect that the injured worker has been prescribed the medication Tramadol long term. An evaluation on March 28, 2014, indicates the injured worker takes Tramadol on an as needed basis. The records indicate the injured worker refills the prescription for Tramadol approximately once time, every three (3) months. The records indicate that the injured worker is not taking Tramadol on a daily basis. The request for authorization is for Tramadol HCL/APAP 37.5/325 mg, quantity #60, for the purpose of weaning and discontinuation, over a weaning period of 1-2 months. The primary diagnosis is rotator cuff syndrome of shoulder. On September 29, 2014, Utilization Review provided a modified certification of Tramadol HCL/APAP 37.5/325 mg, quantity #60, with one refill, for the purpose of weaning and discontinuation, over a weaning period of 1-2 months, based on ACOEM, MTUS, Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL/APAP 37.5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Tramadol usage and thus is not medically necessary.