

Case Number:	CM14-0187460		
Date Assigned:	11/17/2014	Date of Injury:	09/02/2011
Decision Date:	01/06/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 55-year-old female with a date of injury of September 2, 2011. She has had previous right shoulder arthroscopic decompression. The diagnoses include a recurrent rotator cuff tear of the right shoulder, left shoulder pain, right thumb pain, right lateral epicondylitis, dramatic radial tunnel syndrome, and rule out internal derangement of the right elbow. It is anticipated that she is to have another right shoulder surgery in October or November 2014. The physical exam reveals tenderness to palpation of the right shoulder in its anterior aspect and at the acromioclavicular joint. Impingement signs are positive and range of motion is limited with respect to forward flexion and abduction. She has been making use of Tramadol 150 mg twice daily and Norco 10/325 mg 2 or 3 times daily in addition to Naproxen 550 mg 3 times daily and Cyclobenzaprine 7.5 mg 3 times daily. Her pain levels are improved at least 40% in her functionality also improves with the pain regimen. At issue is a request for Tramadol 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg, # 60 with 2 refills dispensed on 9/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: In this instance, the record appears to show requests for and certifications for Tramadol ER 150 mg with refills on several occasions that appear to overlap each other in time with regard to approved refills. The medical record shows approval for Tramadol ER 150 mg #60 and 2 refills on August 18, 2014, thus supplying an adequate amount of medication until November 18, 2014. At issue is an additional request for more Tramadol stemming from September 15, 2014. The previous utilization review physician denied this request because of the overlapping nature of the refills. It appears that this was the appropriate decision. Consequently, Tramadol 150 mg, # 60 with 2 refills dispensed on 9/15/2014 was not medically necessary because of the prescription certification on August 18, 2014.