

Case Number:	CM14-0191067		
Date Assigned:	11/24/2014	Date of Injury:	02/22/2012
Decision Date:	04/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old female, with a reported date of injury of 02/22/2012. The diagnoses include chronic right shoulder impingement syndrome with impeding adhesive capsulitis, right de Quervain's tenosynovitis, right cubital tunnel syndrome, bilateral medial neuropathy, and neck pain. Treatments to date have included oral medications, and a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of right shoulder pain, right wrist pain, left wrist pain, and neck pain. The follow-up consultation report dated 09/29/2014 indicates that the injured worker rated the right shoulder pain as 6 out of 10, rated the right wrist pain 5 out of 10, rated the left wrist pain 5 out of 10, and rated the neck pain 5 out of 10. She reported heightened function with medication, and that her activities of daily living were maintained with medication. The objective findings include tenderness of the anterior aspect of the right shoulder at the acromioclavicular joint, limited right shoulder range of motion with pain, diminished sensation of the bilateral median nerve distribution, and spasm of the cervical trapezius, and cervical paraspinal musculature decrease. The treating physician requested Tramadol Extended-Release (ER) 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol extended release 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work following imposition of permanent work restrictions by an Agreed Medical Evaluator (AME). The applicant did not appear to be working with said permanent limitations in place. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful, material, or significant improvements in function effected as a result of ongoing tramadol usage (if any). Therefore, the request is not medically necessary.