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| Case Number: | CM14-0196926 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 07/11/2011 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Occupational 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 applicant has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of July 11, 2014. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve request for extended release tramadol. The claims administrator noted that the applicant was status post earlier left shoulder surgery in December 2013. The claims administrator referenced progress notes and RFA forms of April 19, 2014 and October 17, 2014, in its denial. In a handwritten note dated March 31, 2014, the applicant was given a refill of tramadol while eight sessions of physical therapy were sought for the shoulder. The applicant's work status was not clearly outlined. On July 11, 2014, the applicant was asked to continue home exercises. Urine drug testing was endorsed. 5/10 shoulder pain was noted. Medication selection was not explicitly discussed and the applicant was asked to continue current medications. On June 6, 2014, the applicant was using tramadol, Motrin, and Norco rarely for pain relief purposes, it was acknowledged. There was no explicit discussion of medication efficacy on this occasion, either. On October 17, 2014, the applicant was given a telephonic refill of tramadol extended release. The attending provider stated that the tramadol extended release had proven efficacious. The applicant's work status was not clearly outlined, however. On August 18, 2014, the applicant reported 5/10 shoulder pain. The applicant was using tramadol and Motrin primarily. The applicant was still having difficulty overhead reaching activities. The applicant's work status was not clearly outlined. The applicant was asked to continue current medications. Norco and Methoderm were prescribed. In a work status report dated January 9, 2013, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 124.

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

Decision rationale: 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. In this case, however, the applicant's work status has not been clearly outlined, although it did not appear that the applicant is in fact working. While the attending provider reported that the applicant had reported some subjective decrements in pain achieved as a result of ongoing medication consumption, including ongoing tramadol consumption, this was quantified. The attending provider did not outline any material improvements in function achieved as a result of ongoing tramadol usage, it is further noted. Therefore, the request is not medically necessary.