

Case Number:	CM14-0198385		
Date Assigned:	12/08/2014	Date of Injury:	04/03/2009
Decision Date:	01/31/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice 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:

51 yr. old female claimant sustained a work injury on 4/3/09 involving the neck and shoulder. An EMG in January 2014-showed C5-C6 radiculopathy and bilateral median nerve neuropathy and right ulnar neuropathy. She was also diagnosed with right shoulder impingement syndrome and underwent 2 shoulder surgeries. A progress note on July 31,2014 indicated the claimant had 6/10 pain. Exam findings were notable for tenderness in the right shoulder and limited range of motion. The physician provided Tramadol 150 ER BID, Hydrocodone and Naproxen for pain. She had been on Pantoprazole for GI protection. A progress note on 10/7/14 indicated the claimant had increasing 9/10 shoulder pain and 5/10 wrist pain. Exam findings were similar as July along with noted spasms in the trapezial region. The claimant was treated with Tramadol 150 ER BID, Cyclobenzaprine, Naproxen, Hydrocodone/APAP and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg twice daily #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or Non-Steroidal Anti-Inflammatory Drugs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain increased over time while on the medication. She had been on the maximum dose. The continued use of Tramadol ER as above is not medically necessary.