

Case Number:	CM14-0199902		
Date Assigned:	12/10/2014	Date of Injury:	12/11/2012
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Colorado. 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 53 years old and was injured on December 11, 2012 when his work truck was struck by an automobile leading to roll over accident. The worker complained of right knee pain, left shoulder pain, limited range of motion of shoulder movement, weakness and inability to raise his left arm. The worker had previous left shoulder surgery for glenohumeral debridement, synovectomy, partial labral resection, chondroplasty, and scurry or labral anterior posterior repair on June 18, 2012. Examination findings have included tenderness over the anterior, lateral and posterior shoulder girdle region, painful arc of motion, positive Hawkins test, positive O'Brien's test, and positive speed's test. There is glenohumeral joint crepitus. Diagnoses included left shoulder osteoarthritis, possible biceps or labral tears of the left shoulder, is synovitis of the left shoulder, acromioclavicular joint arthropathy of the left shoulder, long thoracic nerve palsy with winging of the scapula of the left shoulder, adhesive capsulitis of left shoulder, slight to moderate left carpal tunnel syndrome. Treatment included right knee surgery, physical therapy, steroid injection to the left shoulder in September 2014, as use of medications including Motrin, Norco, Vicodin and omeprazole. The request for tramadol is to substitute for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 times two refills: 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 Pain Interventions and Treatments Page(s): 75, 77, 78, 80, 81, 82, 113.

Decision rationale: Tramadol is a centrally acting analgesic and is considered a fourth class opiate. According to the MTUS guidelines Tramadol may be used to treat chronic pain. Central analgesics drugs such as Tramadol are reported to be effective in managing neuropathic pain. The MTUS cites three studies comparing it to placebo with reported pain relief but no improved function. According to the MTUS guidelines, the long-term efficacy of opioids is currently unclear and appears to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS guidelines, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. According to the MTUS guidelines, the lowest possible dose should be prescribed to improve pain and function. The MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The available records do not document an improvement in either pain or function, with Tramadol, or other opioid medication used. Within the medical records provided, there is insufficient documentation of ongoing review, and documentation of appropriate medication use and side effects. Therefore, this request is not medically necessary.