MAXIMUS Federal Services

Case Number:	CM14-0203138		
Date Assigned:	12/15/2014	Date of Injury:	09/28/1998
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/28/98 and continues to be treated for radiating right shoulder pain. He was seen on 07/15/14. Shoulder pain was rated at 8-9/10. He was having pain, numbness, and tingling into his right hand. Lidoderm had provided up to 50% pain relief. Physical examination findings included right rotator cuff and biceps tenderness with decreased range of motion and crepitus. There were positive impingement, apprehension, O'Brien, and Speed tests. Imaging results were reviewed. Diagnoses included adhesive capsulitis, right shoulder impingement syndrome, and possible rotator cuff tear. Authorization for additional testing and for physical therapy was requested. On 08/12/14 he was performing a home exercise program. Physical examination findings included right upper trapezius and levator scapula tenderness with increased muscle tone. There was decreased shoulder range of motion with pain and decreased shoulder strength. Right upper extremity reflexes were decreased. He had positive supraspinatus and impingement testing. Authorization for physical therapy was requested. Lidoderm was prescribed. On 09/30/14 medications included Ambien, Soma, tramadol, and Percocet with doses not specified. He was having increased right shoulder pain and was having neck pain radiating into his upper extremity. Physical examination findings appear unchanged. Tramadol ER 150 mg #30 was prescribed. Urine drug screening was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for radiating right shoulder pain.Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.