

Case Number:	CM14-0206760		
Date Assigned:	12/18/2014	Date of Injury:	09/25/2013
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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:

54 yr. old male claimant sustained a roll over injury on 9/25/13 involving the neck and left forearm. He had abrasions to his left elbow that required skin grafting. He had glass located in his left ring finger and forearm for which it had to be removed surgically. An Electrodiagnostic study in December 2013 showed moderate median sensory nerve entrapment in both wrists. An MRI of her right shoulder in March 2014 showed a partial tear of the supraspinatus tendon and arthritis in the glenohumeral joint. He had previously undergone physical therapy and pain management. There was evidence of cervical radiculopathy. Progress note on October 9, 2014 indicated the claimant had 8-10/10 pain in the shoulders. The left elbow and back has 9/10 pain. Flexion and extension of the left elbow aggravated the pain. Physical exam of the left elbow was notable for tenderness in the olecranon and radial head location. The left shoulder was tender in the acromioclavicular region. Range of motion was restricted in both shoulders. There were impingement findings in both shoulders. The cervical spine was tender at the paravertebral musculature. Cervical spine range of motion was reduced. The physician requested an MRI of the left elbow as well as the both shoulders and cervical spine. In addition, he was continued on Percocet and Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: 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 NSAIDs) 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 8-10/10 in most body regions while on Tramadol and Percocet. There was no indication for combining opioids. The continued use of Tramadol as above is not medically necessary.