

Case Number:	CM14-0217822		
Date Assigned:	01/07/2015	Date of Injury:	02/29/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 65 year old male, who was injured on the job, February 24, 2012. According to the progress note of February 3, 2014, the injured worker had a cervical laminoplasty, on October 31, 2013. He has been participating in physical therapy. The injured worker recently had an MRI of the left shoulder which showed a probable plexopathy. The injured workers pain level was 7 out of 10; 0 being no pain 10 being the worse pain. The injured worker was taking diazepam and oxycodone with an occasional Norco. The injured worker was diagnosed with chronic pain syndrome, adhesive capsulitis of the shoulder, brachial neuritis or radiculitis not otherwise specified and lumbago. According to the Progress note of September 3, 2014, the injured worker was sleeping better. The injured worker had left shoulder surgery on July 14, 2014. The injured worker was using cream on the neck which brought the pain level down to 3 out of 10. The injured worker was down do 1-2 Norco a day. According to the progress note of December 2, 2014, the injured workers pain level remains 7 out of 10, with taking tramadol and naproxen twice a day. On December 3, 2014, the UR modified a prescription tramadol 50mg #120 with 3 refills. The denial was based on the MTUS Chronic Pain Medical Treatment Guidelines regarding tramadol. Tramadol requires documentation of pain relief, functional status, appropriate medication use and side effects. Refills would not be indicated prior to determining the injured workers functional response to the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG 1 EVERY 6 HOURS #120 WITH 3 REFILLS: Upheld

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 Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of neck pain and left s houlder pain since date of injury 2/24/12. He has been treated with left shoulder surgery, physical therapy and medications to include opiods since at least 04/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.