

Case Number:	CM14-0217838		
Date Assigned:	01/07/2015	Date of Injury:	12/23/2012
Decision Date:	04/03/2015	UR Denial Date:	12/18/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female was injured on 12/23/12 and 9/11/13. While employed as a housekeeper, she sustained injuries to her right shoulder, low back and right knee. She has subsequent complains of right shoulder and right knee pain. The injured worker has been diagnosed with sprains and strains of the lumbar spine, right knee, right shoulder and right elbow. She has undergone chiropractic care and physical therapy. Medications include Fexmid, Ultram and Methoderm. On 3/3/14 an MRI revealed a tear of the supraspinatus tendon without muscular atrophy. On 4/3/14 and MRI of the right knee revealed injury to anterior cruciate ligament. On 12/18/14 Utilization Review non-certified Ultram Tramadol HCL ER 150 mg #30, noting the indications per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with complains of right shoulder and right knee pain, rated 7-8/10. The request is for 1. TRAMADOL HCL ER 50 MG # 60. Physical examination to the right shoulder on 10/29/14 revealed tenderness to palpation over the greater tuberosity in the area of the supraspinatus tendon and along the head of the biceps tendon. Physical examination to the right knee on 10/29/14 revealed tenderness to palpation along the patellofemoral joint. Patient's diagnosis include musculoligamentous s/s, LS. with HNP.SS L4/5, right shoulder strain, impingement and right knee MM and LM tear. The patient is working modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol was prescribed in progress report dated 07/30/14 and 09/10/14. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. No return to work or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.