

Case Number:	CM14-0068992		
Date Assigned:	07/14/2014	Date of Injury:	01/24/2014
Decision Date:	01/16/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Emergency Medicine, 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:

The injured worker is a 50 year-old female, who sustained an injury on January 24, 2014. The mechanism of injury is not noted. Diagnostics have included: Right wrist and hand x-rays. Treatments have included: Subacromial injection; medications. The current diagnoses are: Right de Quervain's stenosing tenosynovitis; right shoulder impingement syndrome; rule out rotator cuff tear. The stated purpose of the request for Ultram 50 mg 1 tablet twice a day with 2 refills #60 was to provide relief of the injured worker's pain. The request for Ultram 50 mg 1 tablet twice a day with 2 refills #60 was denied on May 2, 2014, citing the rationale that there were no documented screening measures to minimize likelihood of adverse outcomes or unsuccessful trials of non-opioid medication. Per the report dated April 16, 2014, the treating physician noted that the injured worker continued to complain of pain in the right shoulder exacerbated with any use of the arm. Objective findings included tenderness over the anterolateral aspect of the shoulder. Active and passive forward flexion was to 140 degrees. There was a positive impingement sign. There was pain and weakness elicited when testing the supraspinatus tendon against resistance. There was also tenderness over the first dorsal compartment of the right wrist. There was a markedly positive Finkelstein's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 tablets twice a day with 2 refills, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Tramadol (Ultram; Ultram ER; generic av.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94 and 113.

Decision rationale: The requested Ultram 50 mg 1 tablet twice a day with 2 refills #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, opioids, pages # 93-94 and 113 note that tramadol is indicated for moderate to severe pain. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker has right shoulder pain that increases with arm movement. The treating physician has documented a positive impingement sign on shoulder examination, pain, weakness, and tenderness to palpation. The treating physician has not documented failed trials of first-line analgesics, symptomatic or functional improvement from previous use of this medication, or duration of previous use. The criteria noted above not having been met, Ultram 50 mg 1 tablet twice a day with 2 refills #60 is not medically necessary.