

Case Number:	CM15-0000487		
Date Assigned:	01/28/2015	Date of Injury:	05/28/2011
Decision Date:	04/06/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57 year old female who sustained an industrial injury on 05/28/2011. Diagnoses include right rotator cuff tear, status post arthroscopic repair with distal clavicular excision, right shoulder post-operative adhesive capsulitis, chronic lumbar strain with large disc herniation of the lumbar spine, left lower extremity radicular pain, compensatory left shoulder strain, right knee arthralgia and diabetes mellitus. Treatment to date has included medications, rest, and heat pack. A physician progress note dated 11/19/2014 documents the injured worker complains of cervical, thoracic and lumbar spine pain, right shoulder and left knee pain. She rates her pain 5-6 on a scale of 1-10. She has frequent radiation of pain into the right upper extremity. There is decreased range of motion in the spine, shoulder, and left knee. A Magnetic Resonance Angiography of the right shoulder shows post-operative changes with what appears to be a failed supraspinatus tendon repair. Treatment requested is for Ultram 50mg, #120. On 12/06/2014 Utilization Review non-certified the request for Ultram 50mg, # 120 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride) 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are Slight narrowing of the canal at C3-C4 and C4-C5 levels and mild canal stenosis at C5-C6 level per MRI 6/20/13; right rotator cuff tear, status post arthroscopic repair with distal clavicular excision; right shoulder postoperative adhesive capsulitis, rule out recurrent tear; chronic lumbar sprain with large disc herniation of the lumbar spine; left lower extremity radicular pain; compensatory left shoulder strain; right knee arthralgia, diabetes mellitus; and rule out rotator cuff tear of the right shoulder. Subjectively, the injured worker has complaints of cervical spine, thoracic spine, lumbar spine, right shoulder and left knee pain. Objectively, range of motion is decreased about the cervical spine. There is tenderness in the lumbar paraspinal muscles. Shoulder range of motion on the right is decreased. There is tenderness over the AC joints. The documentation shows tramadol was prescribed as far back as June 18, 2014 in the earliest progress note in the medical record. This is likely a refill. The exact start date is unknown. The documentation in the record did not contain evidence of objective functional improvement to gauge the ongoing use of tramadol and its benefits. There are no pain assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement with detail pain assessments and risk assessments, Tramadol 50 mg #120 is not medically necessary.