

Case Number:	CM15-0001730		
Date Assigned:	01/12/2015	Date of Injury:	01/23/2004
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female with a date of injury as 01/23/2004. The current diagnoses include complete rupture of rotator cuff and unspecified arthropathy shoulder region. Previous treatments include multiple medications, physical therapy, and shoulder, wrist, and thumb surgery. Physician's reports dated 04/07/2012 through 09/30/2014, physical therapy notes, and urine drug screening dated 09/26/2014 were included in the documentation submitted for review. Report dated 08/27/2014 noted that the injured worker presented with complaints that included left shoulder pain that awakens her at night when she rolls on the left shoulder. Current medications include diclofenac, Norco, and Flexeril. Physical examination revealed left shoulder demonstrates mild anterior superior escape with active forward flexion and active abduction. Physician impression included symptomatic left shoulder rotator cuff arthropathy refractory to maximum conservative modalities and status post right glenohumeral joint fusion for polio residuals. The documentation submitted did not include the injured workers current pain level or further evaluation of functionality while taking the currently prescribed medications. Urine drug screening from 09/26/2014 detected 9-carboxy-THC, no other urine drug screenings were submitted for review. The utilization review performed on 12/12/2014 non-certified a prescription for Tramadol based on based on the positive drug screen for 9-carboxy-THC guidelines lines recommend immediate discontinuation of opioids. The reviewer referenced the California MTUS in making this decision. The records do not document if this individual has a prescription for medical THC or if the treating physician considers this to be inappropriate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the rotation of opioids if there are side effects or diminished effectiveness. The switch from Norco to Tramadol 50mg. one per day is Guideline supported. It is not known if this patients use of Cannabis is considered illegal or not and the Guidelines do not recommend immediate discontinuation without due process to determine the circumstances of use. There is no history of opioid misuse and the amount of opioid being recommended is minimal. Under these circumstances, Tramadol 50mg. #30 is consistent with Guidelines and is medically necessary.