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| Case Number: | CM15-0003036 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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 (IW) is a 44 year old male, who sustained a continuous trauma industrial injury from August 1, 2000 through June 16, 2014. He has reported increased pain in the neck and right shoulder and was diagnosed with chronic right shoulder pain, chronic cervical strain, right upper extremity radicular pain and chronic lumbar strain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy and pain medications. Currently, the IW complains of pain in the right neck and shoulder. The IW developed neck and right shoulder pain after continuous trauma through April 1, 2014 secondary to customary work duties as a cook. On August 7, 2014, he reported continued pain in the neck with radiation to the right shoulder. Physical therapy and tramadol was ordered. On November 20, 2014, he continued to complain of pain as previously described however noted a slight improvement after two sessions of physical therapy had been completed. A refill for Tramadol was requested, physical therapy was continued and a urinary drug screen was requested to provide evidence of pain medication compliancy. On December 9, 2014, Utilization Review non-certified a request for Tramadol 50mg #90, 1 to 2 tablets every 6-8 hours as needed for pain, noting the MTUS, Chronic Pain and ODG guidelines were cited. On December 15, 2014, the injured worker submitted an application for IMR for review of requested Tramadol 50mg #90, 1 to 2 tablets every 6-8 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90, 1 to 2 tablets every 6-8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84, 88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #90, 1 to 2 tablets Q6 to 8 hours as needed. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief,, 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. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are chronic right shoulder rotator cuff syndrome, rule out rotator cuff tear; chronic cervical strain, rule out cervical disc herniation; right upper extremity radicular pain; and chronic lumbar strain. Subjectively, the injured worker complains of persistent neck pain (6/10) radiating to the right shoulder. Right shoulder pain is 2 - 3/10 but is slightly improving. The injured worker has received two sessions of physical therapy out of 12. Objectively, the trapezius muscles are tended to help patient bilaterally. There were no neurological deficits distally. Right shoulder had slight increase in range of motion. Strength was 4/5 with flexion and extension. The documentation indicates tramadol was started September 4, 2014. The documentation does not contain evidence of objective functional improvement as it relates to tramadol. There are no detailed pain assessments and there were no risk assessments of medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol, Tramadol 50 mg #90, 1 to 2 tablets Q6 to 8 hours as needed is not medically necessary.