

Case Number:	CM15-0006787		
Date Assigned:	01/26/2015	Date of Injury:	04/14/2005
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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 63 year old male with an industrial injury dated 04/14/2005. His diagnoses include shoulder pain. Recent diagnostic testing was not submitted or discussed. He has been treated with non-steroid anti-inflammatory drugs for several months. In a progress note dated 11/20/2014, the treating physician reports that the injured worker noted his status as "status quo" and that his pain was not well controlled due to the cold weather despite treatment. The objective examination revealed no changes in the shoulders with a well healed surgical portholes in the right shoulder, evidence of rotator cuff tear on the left side with weakness, positive arc sign bilaterally, crepitus in both shoulders and a negative arm drop test bilaterally. The treating physician is requesting tramadol which was denied by the utilization review. On 12/18/2014, Utilization Review non-certified a prescription for tramadol 50mg #60, noting the absence of any baseline pain or functional assessments, and the absence of documented previous conservative treatments or therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/13/2015, the injured worker submitted an application for IMR for review of tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is chronically injured and there is a lack of evidence in the medical records regarding significant pain reduction and objective functional improvement with the use of tramadol. Medical necessity has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol 50 mg #60 is determined to not be medically necessary.