

Case Number:	CM15-0012581		
Date Assigned:	02/13/2015	Date of Injury:	05/18/2000
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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 male, who sustained an industrial injury on May 18, 2000. He has reported bilateral shoulder pain. The diagnoses have included status post left and right shoulder arthroscopy and chronic myofascial pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative therapies, work restrictions and pain medications. Currently, the IW complains of bilateral shoulder pain. The injured worker reported an industrial injury in 2000, resulting in chronic bilateral shoulder pain. He was treated conservatively however required surgical interventions on bilateral shoulders however the pain continued. On May 9, 2012, evaluation revealed continued pain in the bilateral shoulders. Pain medications were renewed. On January 14, 2013, evaluation revealed upper and lower back pain with deltoid tendinitis however it was noted the pain was not related to the industrial injury. Pain medications were renewed. He received a steroid injection on June 3, 2013. On November 12, 2014, evaluation revealed sleep disturbances and continued pain in the bilateral shoulders. On December 30, 2014, Utilization Review non-certified a request for tramadol 50mg #90 and Etodolac 400mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of requested tramadol 50mg #90 and Etodolac 400mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 50mg #90 is not medically necessary.

Etodolac 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Etodolac 400mg #60 is not medically necessary.