

Case Number:	CM15-0130313		
Date Assigned:	07/16/2015	Date of Injury:	08/21/2014
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on 08/21/2014. He has reported injury to the right shoulder. The diagnoses have included right shoulder sprain/strain; shoulder pain; and rotator cuff syndrome. Treatment to date has included medications, diagnostics, trigger point injection, and physical therapy. Medications have included Voltaren XR, Tramadol ER, Ibuprofen, Naproxen, and Omeprazole. A progress report from the treating physician, dated 06/15/2015, documented a follow-up session with the injured worker. Currently, the injured worker complains of right shoulder pain; currently going to physical therapy; his pain level increases after his sessions; past injection gave relief for two hours; when he is on his medication, his pain level is 20% better, but he feels like he needs something else to control his pain level; pain level has remained unchanged since the last visit; activity level has remained the same; his pain level is rated at 6/10 on the visual analog scale; he is taking his medication as prescribed; and the medications are helping in pain reduction. Objective findings included normal gait; ambulates without a device; and right shoulder range of motion is decreased due to pain. The treatment plan has included the request for Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is 20% pain relief noted, but no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol ER is not medically necessary.