

Case Number:	CM15-0133771		
Date Assigned:	07/22/2015	Date of Injury:	10/05/2012
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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:

This 56 year old man sustained an industrial injury on 10/5/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain and bilateral shoulder impingement syndrome with left shoulder arthritis. Treatment has included oral medications. Physician notes on a PR-2 dated 6/17/2015 show no new complaints. Cervical spine and right shoulder pain is rated 7-8/10. Recommendations include topical compound creams, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement; Opioids for chronic pain Page(s): 43, 74, 86, 80, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for neck and right shoulder pain. He underwent arthroscopic shoulder surgery in January 2013. When seen, pain was rated at 7-8/10. Physical examination findings were unchanged. A previous assessment documents decreased cervical range of motion with muscle spasms. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having moderate to severe pain. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing tramadol was medically necessary.