

Case Number:	CM15-0147313		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2012
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Emergency 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 46-year-old male, who sustained an industrial injury on December 5, 2012. He reported pain in his neck, right shoulder and right upper extremity. The injured worker was currently diagnosed as having right shoulder posttraumatic osteoarthritis, rotator cuff partial tear, superseding frozen shoulder, adhesive capsulitis, suprascapular neuropathy and cervicalgia. Treatment to date has included diagnostic studies, surgery, injections, physical therapy and medication. A right suprascapular nerve injection under fluoroscopy was noted to provide profound analgesic benefit at 100% pain relief lasting for three weeks. On June 6, 2015, the injured worker complained of pain in the right shoulder radiating into his head as well as right upper back and right arm. The pain was rated as a 4 on a 0-10 pain scale, but was a ten at worst prior to his injection. The pain was noted to be relieved with medication and injections. The treatment plan included a repeat right suprascapular nerve injection under fluoroscopic guidance, EMG/NCS of bilateral upper extremities, medications and a follow-up visit. On July 23, 2015, Utilization Review non-certified the request for Tramadol HCL, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, 1 tablet by mouth once daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol ER 150mg, 1 tablet by mouth once daily, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the right shoulder radiating into his head as well as right upper back and right arm. The pain was rated as a 4 on a 0-10 pain scale, but was a ten at worst prior to his injection. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg, 1 tablet by mouth once daily, #30 is not medically necessary.