

Case Number:	CM15-0147562		
Date Assigned:	08/10/2015	Date of Injury:	09/07/2006
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 57 year old male patient who sustained an industrial injury on 09-07-2006, which was cumulative trauma to his right shoulder and elbow. He had an additional injury on June 12-2008-twisitn injury with pain in the left knee and in his right shoulder. Diagnoses include shoulder injury, status post-surgical, post-operative chronic pain, and pain in the upper and lower extremity, hypertension and diabetes. Per the physician progress note dated 06-20-2015 and 7/25/2015, he had complains of chronic mild right shoulder pain; pain in lump in the left shoulder. The physical examination of the right shoulder revealed tenderness to palpation, full range of motion and a round lump measuring approximately 2x2x1cm present. His current medications include Naproxen and Tramadol. He is taking medications as needed since his pain has decreased. He has not worked since 06-13-2008. He has had a right shoulder Magnetic Resonance Imaging which revealed post operative changes and a ganglion. He has undergone stomach surgery on 05-12-2012; right shoulder surgeries last on 10-13-2014; left shoulder surgery and a left knee surgery. He has had use of a Transcutaneous Electrical Nerve Stimulation unit, physical therapy and a home exercise program. He has another worker's compensation case for his left knee and he has been taking medications for that. The treatment plan includes Naproxen and a follow up visit in 4 weeks. Treatment requested is for Tramadol 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 37.5/325mg #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic shoulder pain. Patient has significant findings on physical examination-tenderness and a lump. Patient has history of bilateral shoulder surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 37.5/325mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.