

Case Number:	CM15-0148067		
Date Assigned:	08/11/2015	Date of Injury:	12/23/2008
Decision Date:	09/28/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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 42-year-old female, who sustained an industrial injury on December 23, 2008. She reported neck pain and bilateral shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, adhesive capsulitis of the left shoulder, right shoulder derivative injury with impingement and functional motion loss, right shoulder calcific tendinitis and tendinosis in supraspinatus and infraspinatus and status post left shoulder surgery in September of 2013. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the left shoulder, cortisone injection, physical therapy, medications and work restrictions. Currently, the injured worker continues to report continued neck pain and bilateral shoulder pain with frequent muscle spasms. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain as noted. It was noted she was on chronic non-steroidal anti-inflammatory drug therapy. It was also noted she was prescribed Omeprazole to protect the gastrointestinal system however there were no specific disturbances noted. Tramadol was continued. Evaluation on April 29, 2015, revealed continued bilateral shoulder pain following surgical intervention of the left shoulder. It was noted non-steroidal anti-inflammatory were discontinued and Meloxicam and Tramadol were continued. She reported creams helped but she wanted something stronger. No numerical pain scale was included in the assessment. Evaluation on June 30, 2015, revealed continued pain as noted. She reported worsened sleep disruptions secondary to pain and rated her pain at 9 on a 1-10 scale with 10 being the worst without medications and 5 on a 1-10 scale with 10 being the

worst with medications. She reported the use of anti-inflammatory was helpful in reducing pain and it was noted over the counter medications were not helpful. There was no indication of which over the counter pain medications were not helpful. It was noted she was more functional with the use of medications. Tramadol HCL (hydrochloride) 37.5/325 mg Qty 60 was requested. A urine drug screen performed in June 2015 was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 37.5/325 mg Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Tramadol, California Pain, Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with not intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Tramadol is medically necessary.