

Case Number:	CM15-0164354		
Date Assigned:	09/01/2015	Date of Injury:	08/11/2007
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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, North Carolina
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:

The injured worker is a 68-year-old male, who sustained an industrial injury on 8-11-2007. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include full thickness rotator cuff tear, impingement, status post arthroscopic repair in 2007 and 2010. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of some remaining pain and weakness in the left shoulder. On 6-10-15, the physical examination documented decreased strength in the shoulder girdle with some decreased range of motion. The appeal included authorization of Tramadol-Acetaminophen 37.5-325mg #240 prescribed on 6-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5/325 mg #240/2 months maintenance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80.

Decision rationale: CA MTUS states that Ultracet (Tramadol/Acetaminophen) is a synthetic opioid that acts of the central nervous system for patients with moderate to severe pain. The request is for long-term maintenance of opioid therapy. Ultracet is recommended for short-term use (5 days). Long-term use is not supported unless there is significant pain relief, improved function and ability to return to work. In this case, there is limited evidence of pain relief (no pain scores reported), improved functional capacity or return to unrestricted work. There is also no evidence of ongoing review and documentation of the 4 A's, a pain contract or urine drug screens. The patient was previously authorized an adequate amount of Ultracet for weaning purposes, therefore the request for additional "maintenance" Ultracet is not medically necessary or appropriate.