

Case Number:	CM15-0169627		
Date Assigned:	09/10/2015	Date of Injury:	05/22/2015
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 36 year old male who sustained an industrial injury on May 22, 2015. The worker was diagnosed with sprain rotator cuff capsule. He is using Nabumetone. There is an expected maximal medical improvement date of July 31, 2015. A progress noted in June 2015 reported current medications to include: Nabumetone, and Orphenadrine. An orthopedic consultation dated July 14, 2015 reported current medications as: Norco one table at night as needed with note of receiving "50% relief for two to three hours." Orthopedic follow up dated July 10, 2015 reported Norco as the current medication. The following diagnoses were applied: right shoulder labrum tears, and right shoulder rotator cuff tendinopathy. The plan of care is with recommendation for: orthopedic consultation evaluating right shoulder; medication as discussed and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 37.5/325 mg #30 with a dos of 7/10/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for right shoulder pain. He was seen by the requesting provider on 07/10/15. His history of injury was reviewed. Treatment had included one session of physical therapy and medications. Norco had been prescribed. Pain was rated at 6-9/10. Physical examination findings included decreased and painful shoulder range of motion with positive impingement, Empty can, and apprehension testing. There was shoulder tenderness. There was decreased shoulder strength. Ultracet was prescribed. The requesting provider is identified as the PTP. Ultracet (tramadol/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.