

Case Number:	CM15-0180734		
Date Assigned:	09/29/2015	Date of Injury:	08/05/2014
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on August 5, 2014. She reported injury to her right arm. The injured worker was currently diagnosed as having pain in joint of shoulder, pain in joint of upper arm, brachial neuritis or radiculitis not otherwise specified, shoulder region disorders not elsewhere classified, myalgia and myositis not otherwise specified, sleep disturbance not otherwise specified, skin sensation disturbance and sprains and strains of neck. Treatment to date has included medication, injection, physical therapy, acupuncture and diagnostic studies. On July 6, 2015, a right shoulder injection was performed. Notes stated that she received about 30% improvement in pain level. On August 25, 2015, the injured worker complained of right upper extremity pain with radiation to the right shoulder, right arm and right hand along with numbness, tingling and weakness. The pain was rated as a 7 on a 1-10 pain scale. She stated she has pain symptoms on a continual basis but they are alleviated "somewhat" by current medications. The injured worker also complained of headache located over her temples. On the day of exam, her current medication regimen included Naproxen, Tramadol HCl, Lidopro Ointment, Terocin Patch, Cyclobenzaprine and Omeprazole. The treatment plan included medication refills, physical therapy, referral to an orthopedic surgeon, acupuncture and a follow-up visit. On September 2, 2015, utilization review denied a request for Tramadol HCl 50mg #30. A request for Naproxen 500mg #30 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl 50mg #30: Upheld

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 for chronic pain.

Decision rationale: This claimant was injured in 2014 to the right arm. There is pain in the shoulder. She had 30% improvement from a right shoulder injection. Naproxen was authorized but not tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.