

Case Number:	CM15-0188472		
Date Assigned:	09/30/2015	Date of Injury:	05/06/2010
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 60 year old male, who sustained an industrial injury on 05-06-2010. He has reported injury to the left shoulder, neck, and low back. The diagnoses have included left shoulder, joint pain; postoperative status arthroscopic debridement, rotator cuff surgery, left shoulder, on 09-13-2012; chronic discogenic neck pain with left cervical radiculopathy; lumbar sprain-strain; and chronic low back pain; and lumbar degenerative disc disease with radiculopathy. Treatment to date has included medications, diagnostics, heat therapy, TENS (transcutaneous electrical nerve stimulation) unit, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol, Gabapentin, Flexeril, Lidoderm Patch, Tramadol, Naproxen, and Omeprazole. A progress report from the treating provider, dated 09-10-2015, documented an evaluation with the injured worker. The injured worker reported increased left shoulder pain, rated as 6-7 out of 10 in intensity, with radiation to the neck; increased low back pain contributed to activity; left upper extremity numbness and stiffness; he is taking Tramadol, Gabapentin, and Cyclobenzaprine; and the TENS unit and home exercise program are helpful. Objective findings included tenderness to palpation of the left shoulder; and bilateral shoulder range of motion is 160 degrees with pain. The treatment plan has included the request for Tramadol 50mg #90. The original utilization review, dated 09-18-2015, modified the request for Tramadol 50mg #90, to Tramadol 50mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. In this case, the injured worker has been on chronic opioid therapy since at least May, 2013, without objective evidence of significant sustained pain relief or functional improvement. Additionally, this medication has been approved for weaning purposes only in a past review. The request for Tramadol 50mg #90 is not medically necessary.