

Case Number:	CM15-0190023		
Date Assigned:	10/02/2015	Date of Injury:	08/18/1992
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 78 year old female who sustained an industrial injury on 08-18-1992. Medical records indicated the worker was treated for a full thickness rotator cuff tendon tear and chronic adhesive capsulitis and pain within the right shoulder. Treatments included physical therapy and compounded topical medications. On 04-24-2015, she was seen for complaint of stiffness and pain in the right shoulder that she rated an 8 on a scale of 1-10 intensity. She complained of increased pain when using her right arm and the inability to fully range her shoulder which makes her home exercise difficult. On exam, she has limited forward flexion and abduction as well as internal and external rotation. She has 4 out of five strength with forward flexion, abduction and external range of motion, and she has full joint stability. According to provider notes, she has minimal improvement with use of topical medications and cannot take oral anti-inflammatory medications due to gastritis. An appointment with a specialist is scheduled. Due to the severity of her pain, Tylenol #3 and Ultram were prescribed. A request for authorization was submitted for Ultram ER 200mg #30, no refills (09-03-2015). A utilization review decision 09-11-2015 medically denied the request however fill is allowed while weaning is established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg #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, criteria for use.

Decision rationale: Ultram is the medication tramadol. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving Ultram since at least October 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.