

Case Number:	CM15-0193408		
Date Assigned:	10/07/2015	Date of Injury:	08/22/2003
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year old male with a date of injury of August 22, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for chronic bilateral shoulder pain and chronic neck pain. Medical records dated July 2, 2015 indicate that the injured worker complained of continued bilateral shoulder pain without improvement. A progress note dated August 3, 2015 documented complaints similar to those reported on July 2, 2015. Per the treating physician (July 2, 2015), the employee was retired. The physical exam dated July 2, 2015 reveals pain to the bilateral shoulders. The progress note dated August 3, 2015 documented a physical examination that showed tenderness of the neck and pain of the bilateral shoulders. Treatment has included medications (Fentanyl patches 100mcg per hour since at least April of 2015; history of Meloxicam, Rabeprazole, and Tramadol HCL 50mg every six hours as needed documented on May 27, 2015). Recent urine drug screen results were not documented in the submitted records. The original utilization review (September 4, 2015) non-certified a request for Tramadol HCL 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50 mg Qty 120, 30 day supply (MED 40): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/3/15. Therefore, according to the guidelines, the request is not medically necessary.