

Case Number:	CM15-0194765		
Date Assigned:	10/08/2015	Date of Injury:	10/30/2012
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old male with a date of injury on 10-30-2012. The injured worker is undergoing treatment for status post right shoulder arthroscopic subacromial decompression and rotator cuff repair 07-15-2014, and neurologic changes status post-surgery, rule out early sympathetically maintained pain syndrome-brachial plexus neuropathy. Physician notes dated from 07-09-2015 to 09-01-2015 documents the injured worker's medications at the current dose maintains his ADL. He can do light household chores, shopping for groceries, grooming and cooking. He recalls frequent inability of adhere to the recommended exercise regime without medications on board, due to pain, and now exercise is maintained with medication. He has improved function and activity at current dosing. He has no side effects with the current Tramadol ER at current dose. There is tenderness of the right shoulder with flexion 90 degrees and abduction 80 degrees. Left shoulder is flexion 110 degrees and right abduction is 100 degrees. He is temporarily partially disabled. He is not working. Treatment to date has included diagnostic studies, medications, status post right shoulder arthroscopy, subacromial decompression and rotator cuff repair on 07-25-2015, physical therapy. Current medications include Tramadol, Pantoprazole, Cyclobenzaprine, Naproxen, and Hydrocodone. A urine drug screen done on 03-10-2015 was inconsistent. A Nerve Conduction Velocity done on 07-20-2015 revealed electrophysiologic evidence suggestive of a mild bilateral median sensory nerve neuropathy consistent with a mild bilateral carpal tunnel syndrome. An Electromyography of the upper extremities done on 07-21-2015 was normal. Current medications include Tramadol (since at least 02-17-2015),and Hydrocodone. The Request for Authorization dated 08-24-2015

includes a urine drug screen, additional physical therapy, Tramadol, Hydrocodone, Naproxen, Cyclobenzaprine, and Pantoprazole. On 09-01-2015 Utilization Review non-certified the request for Tramadol HCL caps 150mg ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER #60: Overturned

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

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

Decision rationale: MTUS Guidelines supports the careful long-term use of opioids if there is meaningful pain relief, support of functioning and a lack of drug related aberrant behaviors. The Guidelines also support a combination of long half-life and short half-life opioids for severe pain syndromes. This individual meets these criteria. There is meaningful pain relief and support of function for this individual. No misuse of Tramadol is evident and in this formulation, it is serving as a long half life opioid. The MTUS Guidelines do not place a limitation on the length of use for chronic pain if the opioid use continues to meet Guideline criteria. The Tramadol HCL cap 150mg ER #60 is supported by Guidelines and is medically necessary.