

Case Number:	CM15-0194791		
Date Assigned:	10/08/2015	Date of Injury:	03/22/2000
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
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: Physical Medicine & Rehabilitation

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 64 year old male who sustained a work-related injury on 3-22-00. Medical record documentation on 9-8-15 revealed the injured worker was being treated for status post right rotator cuff repair, bilateral shoulder impingement, and right wrist tendinitis. He reported he had exhausted his medication supply and the pain levels were starting to increase in the shoulders and right wrist. He reported that he has relief with his medications and an increase in activities of daily living. Objective findings included tenderness in the right shoulder with decreased range of motion. He had right shoulder flexion to 150 degrees and abduction to 160 degrees (9-8-15 and 7-17-15). He does complain of pain above 90 degrees (9-8-15 and 7-17-15). He had mild-moderate tenderness in the left shoulder with increased pain on movement above 90 degrees. Muscle spasms were palpable in the trapezius bilaterally (9-8-15 and 7-17-15). His medications included Naproxen sodium 550 mg, Tramadol 50 mg (since at least 4-23-15) and Protonix 20 mg. A request for Tramadol Hcl tab 50 mg was received on 9-15-15. On 9-18-15, the Utilization Review physician determined Tramadol Hcl tab 50 mg was not medically necessary.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the bilateral shoulders. The request is for TRAMADOL 50MG #90. Patient is status post right shoulder surgeries, dates unspecified. Physical examination to bilateral shoulders on 06/16/15 revealed tenderness to palpation over the shoulder girdle with increased pain on movement above 90 degrees. There were palpable muscle spasms in the trapezius and deltoid muscles bilaterally. Per 06/16/15 Request For Authorization form, patient's diagnosis include s/p right rotator cuff repair x2, right/left shoulder impingement syndrome, right wrist tendinitis, and dyspepsia mild. Patient's medications, per 07/17/15 Request For Authorization includes Tramadol, Protonix, and Naproxen Sodium. Patient's work status is modified duties. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not specifically discuss this request. Review of the medical records provided indicates that the patient has been utilizing Tramadol since at least 04/23/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. No UDS test results and CURES reports were available; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Given the lack of documentation, as required by the guidelines, this request is not medically necessary.