

Case Number:	CM15-0195308		
Date Assigned:	10/09/2015	Date of Injury:	10/31/2013
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:

The 60 year old male injured worker suffered an industrial injury on 10-31-2013. The diagnoses included shoulder pain. On 9-8-2015 the treating provider reported pain in the left shoulder rated 7 to 8 out of 10. The medication reduced the pain by at least 50%. The injured worker was counseled about the effects and side effects of narcotic use along with dangers of dependence along with a narcotic contract and consistent CURES report. On exam there was left shoulder tenderness and limited range of motion and could not elevate the arm over the shoulder. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. Prior treatment included physical therapy 24 sessions 2014, 2 left shoulder surgeries and 1 right shoulder surgery, Norco, Ibuprofen, and Naproxen. Diagnostics included urine drug screen that was consistent. Request for Authorization date was 9-10-2015. The Utilization Review on 9-18-2015 determined modification for Tramadol 50mg every 12 hours #60 to #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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 60 year old patient complains of pain in left shoulder, rated at 8/10, radiating to arm and back, as per progress report dated 09/10/15. The request is for Tramadol 50mg every 12 hours #60. The RFA for this case is dated 09/10/15, and the patient's date of injury is 10/31/13. The patient is status post rotator cuff repair in 2002, status post left shoulder arthroscopy with acromioplasty in 2002, and status post left shoulder arthroscopies with revision acromioplasties in 2013 and 2014, as per progress report dated 09/10/15. Diagnoses also included left shoulder pain and muscle atrophy, and loss of motion at left shoulder. Medications included Tramadol and Zorvolex. The patient is temporarily totally disabled, as per the same progress report. 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." In this case, Tramadol is first noted in progress report dated 03/20/15. It is not clear when opioid therapy was initiated. As per progress report dated 09/08/15, Tramadol provided 50% pain relief. The report also states the patient received "adequate pain relief on current pain regimen." There are no adverse reactions. The UDS and CURES reports are consistent. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.