

Case Number:	CM15-0196080		
Date Assigned:	10/09/2015	Date of Injury:	12/05/2012
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old male with an industrial injury date of 12-05-2015. Medical record review indicates he is being treated for disorders of burase and tendons in shoulder region, suprascapular neuropathy, carpal tunnel syndrome and cervicalgia. Subjective complaints (09-09-2015) included pain in right shoulder radiating into occipital-temporal aspect of the head as well as right upper back and right arm. Associated symptoms were tingling and numbness in the right hand along with weakness in the right arm and right hand. The pain is rated as 5 out 10. Average pain level in the past 7 days is documented as 4-5. The pain is described as "sharp, cutting, throbbing, dull, aching, pressure like, cramping, shooting and electric like muscle pain, pins and needles sensation and limited temperature." "With regard to functional limitations during the past month (06-06-2015), the pain limits activities of daily living, he avoids going to work, socializing with friends, physically exercising, participating in recreation and having sexual relations because of his pain." Work status is documented (09-09-2015) as temporarily partially disabled. His medications included Nabumetone, Tramadol ER (since at least 02-02-2015) Menthoderm topical analgesic lotion and Prilosec. Prior medications included Norco and Naproxen. Prior treatment included right shoulder injection, right shoulder surgery and 36 sessions of physical therapy. Objective findings (09-09-2015) included limited range of motion of the cervical spine with tenderness to palpation over the right cervical paraspinal muscles and cervical facets. There was tenderness to palpation over the anterior and middle scalene muscles and inter-scalene groove on the right. Examination of the right shoulder revealed tenderness to palpation over the anterior, lateral and posterior aspects of the shoulder. On 09-29-2015 the

request for Tramadol ER 150 mg daily was modified by utilization review to Tramadol ER 150 mg # 15 for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg daily: Upheld

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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Norco for several months prior. No one opioid is superior to another. Long-term use of opioids is not recommended. The progress notes do not indicate pain score reduction with the use of medications. Continued use of Tramadol is not medically necessary.