

Case Number:	CM15-0200548		
Date Assigned:	10/15/2015	Date of Injury:	12/03/2007
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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 55 year old, male who sustained a work related injury on 12-3-07. A review of the medical records shows he is being treated for left shoulder pain. In the progress notes dated 6-3-15 and 9-2-15, the injured worker reports constant, sharp left shoulder pain with radiating pain down left arm into hand with numbness and tingling in his fingers. He rates the pain a 5-6 out of 10. On physical exam dated 9-2-15, he continues with positive Neer's, Apley's, and Hawkin's tests. He has positive 90 degree crossover impingement test. He has weak abduction against resistance. Treatments have included oral medications, shoulder injections, home exercises, physical therapy, acupuncture, extracorporeal shock wave treatments and left shoulder surgery x 2. Current medications include Naproxen, Omeprazole and Tramadol. He is working with modified duty. The treatment plan includes requests for medication refills and a follow-up visit. The Request for Authorization dated 9-2-15 has requests for Tramadol, Naproxen, Omeprazole and a 6 week follow-up visit. In the Utilization Review dated 9-23-15, the requested treatment of Tramadol 50mg. #60 with 2 refills is modified to Tramadol 50mg. #34 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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 has been on Tramadol since at least 2011. Long-term use is not recommended. Currently it is being taken with NSAIDS. Pain reduction with its use is unknown. Continued and chronic use is not medically necessary.