

Case Number:	CM15-0203679		
Date Assigned:	10/20/2015	Date of Injury:	12/31/2009
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 female with a date of injury on 12-31-09. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder and right upper extremity injury. Progress report dated 9-9-15 reports left upper extremity pain rated 9 out of 10, described as sharp and achy with radiation of pain down the arm last night. Today the pain is rated 7-8 out of 10 described as achy and throbbing. The right upper extremity pain is rated 6-7 out of 10 described as dull. Physical exam: bilateral shoulders have positive Neer's, positive 90 degrees cross over impingement test, positive Apley's, positive Hawkins and weak abduction against resistance, elbows and wrists have full range of motion with pain. MRI right shoulder 1-26-15 revealed diffuse rotator cuff tendinosis without a tear, tendinosis of the long head of the biceps without tear and mild acromioclavicular joint osteoarthritis. MRI left shoulder 1-30-15 revealed moderate tendinosis of the Interarticular long head biceps tendon and distal subscapularis fibers, no partial or full thickness rotator cuff tendon tear. According to the medical records the injured worker has been taking Tramadol at least since 2-4-15. Request for authorization dated 9-9-15 was made for Tramadol 50 mg quantity 270. Utilization review dated 9-23-15 modified the request to certify Tramadol 50 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case there is insufficient evidence in the records of 9/9/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified.