

Case Number:	CM15-0207296		
Date Assigned:	10/26/2015	Date of Injury:	01/30/2012
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Illinois, California, Texas
 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 injured worker is a 49-year-old female who sustained an industrial injury on 1/30/12. Injury occurred while working with a combative patient and lifting gurney wheels. She underwent right lateral epicondylectomy and extensor origin release on 11/7/12, and right elbow arthroscopic synovectomy and excision of the radial capitellar joint on 9/25/13. She underwent left shoulder subacromial decompression and distal clavicle resection on 11/26/14. She has been using Tramadol for right elbow or left shoulder pain since at least 2/26/13. On 1/8/15, Tramadol was placed on hold and Motrin and Norco were trialed. The Motrin caused gastrointestinal upset and Norco made her nauseated, so Tramadol was resumed 2/19/15. The 9/15/15 treating physician report cited grade 3/10 pain. She had been using Tramadol recently as she had been moving items for an event. She had tried Celebrex and Ibuprofen without adequate pain control. She also used Tylenol but this did not control pain at the end of the day like Tramadol did. Tramadol made it possible for her to carry out activities of daily living in a more expeditious fashion with less pain. Left shoulder exam documented range of motion as forward flexion 175 degrees, abduction 175 degrees, external rotation 35 degrees, and internal rotation to T8-10. Shoulder strength was normal and impingement signs were negative. There was tenderness to palpation over the subacromial space. The diagnosis included right lateral epicondylitis - stable, and post-operative shoulder subacromial decompression improved. Follow-up was scheduled for 6 weeks. Authorization was requested for Tramadol 50 mg #60 with 2 refills. The 9/23/15 utilization review non-certified the request for Tramadol as the guidelines only support short term use of opioid for post-operative pain. Given the low dose, weaning was not indicated.

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 Shoulder Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. This injured worker reports current grade 3/10 (mild) pain suggestive of a flare-up from moving items for an event. Tramadol has been prescribed since at least February 2013 with intermittent interruptions in use. There is no current pain assessment indicating what level of pain reduction (VAS) is achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. There is no compelling rationale to support the medical necessity of on-going Tramadol at this amount (#180) when follow-up visits are noted every 6 weeks. Therefore, this request is not medically necessary.