

Case Number:	CM15-0208711		
Date Assigned:	10/27/2015	Date of Injury:	05/23/2011
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This is a 60 year old male who sustained a work-related injury on 5-23-11. Medical record documentation on 9-15-15 revealed the injured worker was being treated for rotator cuff tear and shoulder impingement syndrome. The injured worker was six months status post left shoulder arthroscopic rotator cuff repair. His pain was improving and he was compliant with physical therapy and home exercise program. Objective findings included a well-healed surgical incision and left shoulder range of motion with forward flexion to 150 degrees, abduction to 90 degrees, external rotation to 80 degrees, internal rotation to 70 degrees, and extension to 50 degrees. His treatment plan included continued physical therapy, ibuprofen and Tramadol 50 mg. A request for Tramadol 50 mg #30 with one refill was received on 9-16-15. On 10-13-15, the Utilization Review physician modified Tramadol 50 mg #30 with one refill to Tramadol 50 mg with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 30 with one refill: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. 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 is 6 wks post operative. The claimant was already on chronic NSAIDs. Pain scores were not noted. Failure of traditional opioids (rather than synthetic) or Tylenol was no mentioned. The Tramadol is not medically necessary.