

Case Number:	CM15-0033071		
Date Assigned:	02/26/2015	Date of Injury:	08/07/2013
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on August 7, 2013. She has reported left shoulder pain radiating up to the neck and down to the arm. The diagnoses have included cervical spinal strain, left shoulder strain, left shoulder impingement, rule out AC joint arthrosis and rule out rotator cuff pathology. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of left shoulder pain radiating up to the neck and down to the arm. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was told to open a window and was noted to hurry towards the window when she fell to her knees and hands then back. She experienced pain and was treated with radiographic imaging and pain medications. Evaluation on August 6, 2014, revealed continued pain. She was offered a steroid injection at this time but refused secondary to being sore from physical therapy. On October 22, 2014, evaluation revealed continued mild pain in all noted areas. She reported a 50% improvement with the recommended steroid injection. Evaluation on January 28, 2015, revealed continued pain. Surgical intervention was discussed, tramadol was requested and physical therapy to the shoulder was continued. On February 6, 2015, Utilization Review non-certified a request for 1 prescription of Tramadol 50mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of requested 1 prescription of Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78.

Decision rationale: The 2/06/15 Utilization Review letter states the 1 prescription of tramadol 50mg requested on the 1/28/15 medical report was denied apparently because there is no functional benefit and no discussion of the inconsistent urine drug screen. According to the 1/28/15 orthopedic report, the patient presents with occasional mild neck and left shoulder pain. The plan was to refill tramadol and recommend PT 2x3, and consider surgery for the shoulder. The prior orthopedic report was dated 11/19/14. The treatment at that time only included PT 2x6. The 8/06/14 initial evaluation shows the patient has been using tramadol since 8/6/14. None of the provided medical reports from 8/06/14 through 1/28/15 discuss efficacy of tramadol. There is no discussion of prior or first-line analgesics. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS page 78 recommends documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of tramadol. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for 1 prescription of tramadol 50mg IS NOT medically necessary.