

Case Number:	CM15-0036198		
Date Assigned:	03/04/2015	Date of Injury:	10/05/2012
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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:

This is a 56-year-old male who reported an injury on 10/05/2012. The mechanism of injury is reported as a torque injury to the left shoulder. Diagnoses include cervical and lumbar disc protrusions, and lumbar radiculitis. Treatments have included surgery, physical therapy, chiropractic treatments, orthotics, sleep apnea study, medication, topical agents, medical foods, activity modification and extracorporeal shockwave. Relevant diagnostics are not included for review. On 01/07/2013, there was a left shoulder bursa and superior labral anterior-posterior (SLAP) repair. The request is for Tramadol HCL 150mg, quantity 60. The injured worker has, according to the records submitted for review, been using Tramadol since at least March of 2014. There are no interim clinical notes describing a therapeutic effect, no VAS scale of pain with or without medications, no description of a plan for weaning and/or discontinuing the medication. There are notations of requests for urine sample drug testing however there are no notations of the results. There is no documentation of a CURES agreement. The only recent clinical note submitted for review is a PR-2 form from 01/13/2015, which is a hand-marked check box form of various treatment requests, with an exam that is hand-written and mostly illegible. The only discernible information is the injured worker complained of insomnia, and an exam finding of decreased range of motion in the cervical and lumbar areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg CAP #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 77, 90 - 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-84.

Decision rationale: The request for Tramadol HCL 150mg, quantity 60, is not supported by the guidelines and is not medically necessary. The CA-MTUS guidelines recommend that Tramadol as a synthetic opioid, should be limited to short-term use, generally not longer than 3 months. The injured worker has had Tramadol as part of his medication regimen for a year now, with no clinical notations included for review to support its continuance. The only recent clinical note submitted for review is a PR-2 form from 01/13/2015, which is a hand-marked check box form of various treatment requests, with an exam that is hand-written and mostly illegible. The only discernible information is the injured worker complained of insomnia, and an exam finding of decreased range of motion in the cervical and lumbar areas. The next most recent clinical note presented is the shockwave therapy report, dated 11/12/2014, which mentions only vague complaints by the injured worker as "still having symptoms". There is no clinical exam. The remaining clinical notes presented are dated more than 5 months of age, and are too far remote to be of clinical significance. The request for Tramadol HCL 150mg, quantity 60, is not supported by the documentation submitted for review. The request is not medically necessary.