

Case Number:	CM15-0036817		
Date Assigned:	03/05/2015	Date of Injury:	06/06/2007
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
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: New Jersey

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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 6/6/2007. He has reported a left shoulder injury described as a "ripping" followed by pain and weakness. The diagnoses have included left rotator cuff tear, chronic shoulder pain, right shoulder impingement with pain, neck pain, and lower back pain from previous injury. He is status post left rotator cuff repair in 2007 and repeat arthroscopic rotator cuff repair in 2008. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, acupuncture and chiropractic therapy. Currently, the IW complains of right greater than left shoulder pain and weakness. Physical examination from 12/17/14 documented positive bilateral impingement signs, dorm arm sings, pain and weakness with rotation. The right shoulder Magnetic Resonance Imaging (MRI) dated 12/4/14, was significant for full thickness retracted tear, and left shoulder for a partial thickness rotator cuff tear. The plan of care was for right shoulder arthroscopy and repair with possible left shoulder revision. On 1/29/2015 Utilization Review modified certification for Tramadol 37.5 #30, noting the documentation did not support that guidelines had been met. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of Tramadol 37.5 #60 dispensed 1/14/15 and Range of Motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #60 Dispensed 01/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although he was using tramadol for his chronic pain, there was insufficient recent documented evidence of functional gains or pain reduction directly related to the tramadol use. Therefore, the tramadol will be considered medically unnecessary until more clear evidence of benefit is presented for review. Weaning may be indicated.