

Case Number:	CM15-0048693		
Date Assigned:	03/20/2015	Date of Injury:	09/05/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, 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 54 year old female patient who sustained a work related injury September 5, 2012. She sustained the injury due to repetitive trauma. The diagnoses include right shoulder sprain/strain with capsulitis, partial tear and mild degenerative disc disease; cervical spine sprain/strain with 3mm disc protrusion C5-C6 with mild stenosis; lumbar spine sprain/strain with 2mm disc protrusion, stenosis L4-L5; bilateral wrist tendinitis. Per the primary treating physician's note, dated October 30, 2014, she had complaints of right shoulder pain. The physical examination revealed tenderness to palpation of the right shoulder with swelling and ambulates with a shoulder sling; tenderness to palpation of the cervical spine; decreased range of motion of the cervical spine. The medications list includes ultram and voltaren. She has undergone arthroscopic subacromial decompression, right shoulder, Mumford procedure, extensive debridement of partial-thickness bursal surface rotator cuff tear, capsular release; anterior, posterior, and inferior, and manipulation October 22, 2014. Treatment plan included continue with physical therapy as recommended, continue home exercise, refill medication, and three ice packs to decrease inflammation and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had right shoulder pain. He is noted to have significant objective evidence of abnormalities on physical exam-tenderness and decreased range of motion of the right shoulder and cervical spine. She has undergone right shoulder surgery. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg, #120 is medically necessary and appropriate to use as prn during acute exacerbations.