

Case Number:	CM15-0055489		
Date Assigned:	03/30/2015	Date of Injury:	03/30/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 55 year old male, who sustained an industrial injury on 3/30/2013. Diagnoses include subacromial bursitis, impingement subacromial, right wrist sprain/strain and left wrist sprain/strain. Treatment to date has included diagnostics including radiographic imaging and magnetic resonance imaging (MRI), medications, TENS unit and physical therapy. Per the Primary Treating Physician's Progress Report dated 1/14/2015, the injured worker reported occasional moderate achy right shoulder pain, mild achy right wrist pain and occasional mild achy left wrist pain. Physical examination revealed decreased range of motion of the right shoulder. There was tenderness to palpation of the anterior and posterior shoulder. Neer's and Hawkin's were positive. Right and left wrist examination revealed normal range of motion bilaterally and negative Tinel's and Phalen's tests. The plan of care included medications and authorization was requested for Tramadol 50mg and Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with right shoulder pain (8/10), mild achy right wrist pain (5/10) and occasional mild achy left wrist pain (5/10). The request is for Tramadol 50MG #90. The provided RFA is dated 02/12/15 and the date of injury is 03/30/13. Per 02/12/15 report, the patient has a diagnoses of subacromial bursitis, impingement subacromial, right wrist sprain/strain and left wrist sprain/strain. Physical examination to the right shoulder revealed tenderness to palpation of the anterior shoulder and posterior shoulder. Neer's and Hawkins are both positive. Right and left wrist examination revealed normal range of motion bilaterally and negative Tinel's and Phalen's tests. Medications include Tramadol and Cyclobenzaprine. The patient is working full duty. 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 Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. Per provided medical records, the patient has been prescribed Tramadol at least since 08/12/14. Per 10/14/14 report, treater states, "Patient indicates that ADL's are maintained with medication, including grocery shopping, light household duties, food prep, grooming and bathing..." The patient was able to return to work on full duty. The patient does not exhibit any aberrant drug-seeking behavior and the UDS performed on 10/14/14 was consistent with the current medication regimen. The use of opiates require detailed documentation regarding pain and function. MTUS requires appropriate discussion of the 4A's. In this case, the provider has discussed all 4 A's as required by guidelines and therefore, the request for Tramadol is medically necessary.