

Case Number:	CM15-0081739		
Date Assigned:	05/04/2015	Date of Injury:	12/22/2010
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Preventive Medicine, Occupational Medicine

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 62-year-old male sustained an industrial injury to the neck, left upper extremity and shoulder on 12/22/10. Previous treatment included magnetic resonance imaging, electromyography, injections, epidural steroid injections facet evaluations and medications. In a new patient consultation dated 4/13/15, the injured worker complained of ongoing neck pain with radiation down the shoulder and left upper extremity, rated 10/10 without medications and 7-8/10 with medications. The injured worker reported that injections had only provided temporary relief. The injured worker was not interested in any other interventions. The injured worker just wanted his medications so he could handle the pain, perform activities of daily living, sleep better and socialize. Current diagnoses included chronic left shoulder pain with history of left shoulder arthroscopy, chronic left neck pain and chronic left upper extremity pain. The treatment plan included medications (Tramadol and Naproxen), discontinuing Robaxin and exercising regularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 300 mg ER #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the use of opioids. Tramadol HCL 300 mg ER #30 is not medically necessary.