

Case Number:	CM15-0084899		
Date Assigned:	05/07/2015	Date of Injury:	09/10/2013
Decision Date:	06/08/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia
 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 50-year-old female with a September 10, 2013 date of injury. A progress note, dated April 6, 2015, documents subjective findings (left shoulder pain), objective findings (tenderness to palpation of the left shoulder; positive left shoulder crossover test), and current diagnoses (cervical thoracic strain/mild arthrosis with resultant cephalgia; bilateral shoulder strains with impingement syndrome and acromioclavicular joint arthrosis with possible rotator cuff tears and/or intra-articular joint injury; bilateral medial and bilateral epicondylitis of the elbows; bilateral carpal tunnel syndrome and cubital tunnel syndrome; bilateral knee contusions with patellofemoral syndrome; psychiatric complaints). Treatments to date have included medications, electromyogram of bilateral upper extremities (normal findings), home exercise, acupuncture, and physical therapy. The treating physician documented a plan of care that included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, ongoing opioid therapy with tramadol is not medically necessary.