MAXIMUS Federal Services

Case Number:	CM15-0089780		
Date Assigned:	05/14/2015	Date of Injury:	03/08/2013
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a female, who sustained an industrial injury on 3/8/2013. She reported left shoulder pain. The injured worker was diagnosed as having impingement syndrome with bicipital tendinitis and labral tear, AC joint wear on the left status post-surgical intervention, rotator cuff repair. Treatment to date has included magnetic resonance arthrogram, and medications. The request is for Tramadol. On 2/3/2015, she complained of persistent left shoulder pain. She indicated she had been doing her home exercises and was trying to get back to work. On 3/10/2015, she was seen for follow up of left shoulder pain. She reported having neck pain with associated numbness and tingling of the hand. She is reported to have gained 18 pounds, minimizing chores around the house, and utilizing hot/cold wraps and TENS. The treatment plan included: shoulder magnetic resonance imaging, Senna, Tramadol ER, Protonix, Nalfon, Trazoldone, and laboratory evaluations. On 4/16/2015, she reported she was doing well. She continued to have intermittent left shoulder pain. She requested a refill on her pain medications. The treatment plan included: Tramadol. The effectiveness of Tramadol ER is not indicated within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol ER 300mg #30 is not medically necessary.