

Case Number:	CM15-0242139		
Date Assigned:	12/21/2015	Date of Injury:	07/27/2010
Decision Date:	01/28/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/13/2015

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 52 year old female patient, who sustained an industrial injury on 7-27-2010. The diagnoses include right shoulder adhesive capsulitis status post right shoulder capsular release and manipulation under anesthesia. Per the handwritten Primary Treating Physician's Progress Report dated 11-02-2015, she presented for follow-up status post right shoulder scope and capsular release. She reported neck pain and elbow-wrist pain. Objective findings included limited range of motion of the cervical spine, right wrist and elbow weakness and right shoulder flexion 90, extension 35, abduction 80, adduction 25, internal rotation 30 and external rotation 45. The medications list includes ultram and voltaren XR. Treatment to date has included arthroscopic right shoulder surgery on 10-21-2015. Work status was temporary total disability for 6-8 weeks. The plan of care included refill of medications and start of post-op therapy. Per the Utilization Review letter dated 11-19-2015, Ultram 50mg #120 was non-certified.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Ultram 50mg #120 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, "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." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided, the patient had neck pain and elbow-wrist pain. The patient has objective findings on the physical exam- limited range of motion of the cervical spine, right wrist and elbow weakness and limited right shoulder range of motion. The patient has recent history of arthroscopic right shoulder surgery on 10-21-2015. There was evidence of conditions that can cause chronic pain with episodic exacerbations. It is deemed that the request of Ultram 50mg #120 is medically necessary to use as prn during acute exacerbations.