

Case Number:	CM14-0119672		
Date Assigned:	09/22/2014	Date of Injury:	01/16/2008
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51year old woman with a work-related injury dated 1/16/2008 resulting in injury and chronic pain to the left arm. The patient has been treated with shoulder arthroscopic surgery and oral analgesics including tramadol. The diagnosis includes pain in joint, shoulder region, spasm of muscle and unspecified myalgia and myositis. The office visit on 7/8/14 notes the patient is treated with Tramadol, Motrin, and amitriptyline. The injured worker is not working and complains of persistent shoulder pain. The exam shows limited range of motion of the shoulder. The urine toxicology screen dated 1/28/14 is positive for amitriptyline, temazepam, oxazepam and marijuana. The toxicology is negative for tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opiod affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other

opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain.