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| Case Number: | CM14-0121863 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/02/2013 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available, the injured worker (IW) is a 55 year old male with a date of injury of 08/02/2013. The mechanism of injury is stated that a truck that he was driving at work unexpectedly hit an object and rolled over onto its left side at which time, the IW struck his left shoulder and bilateral knees. He is documented on a clinical note dated 02/18/2014 to have left shoulder pain with activities as well as bilateral knee pain. He has a documented MRI L spine dated 10/18/2013 which showed a small annular tear with disk desiccation at the L4-L5 level. He had an MRI of the left shoulder dated 10/19/2013 which showed a low grade partial articular surface tear to the distal supraspinatus tendon as well as mild osteoarthritis to the left acromio-clavicular joint. He is documented on the clinical note dated 02/18/2014 as being diagnosed with left shoulder impingement syndrome as well as a left sub acromial bursitis. He was continued on 02/18/2014 with treatment with oral Ibuprofen, Tramadol, and Robaxin. On clinical notes dated 03/28/2014, 05/27/2014 and 06/20/2014, it is documented that the IW continues to have uncontrolled left shoulder, bilateral knee and lumbar back pain. On exam dated 03/28/2014, he has a positive Apleys and Hawkins test on the left shoulder. He is treated in these clinical notes with Ibuprofen, Tramadol and Robaxin. There is no documentation in the records made available of other medication tried to control his pain nor is there documentation of the effectiveness of the medication prescribed for pain relief. There is also no documentation of a side effect profile for the medications he was prescribed. On 11 July, 2014, the IW is documented as having underwent a left shoulder antero-lateral acromioplasty with a resection of the coraco-acromial ligament. On a clinical note dated 07/24/2014, it is documented that the patient's left shoulder range of motion is improving with intensive range of motion therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 76-78.

Decision rationale: The MTUS reference to the Chronic Pain Medical Treatment Guidelines recommends that the use of opioids for pain treatment be tailored with a specific treatment plan for the individual patient. It further recommends that a therapeutic trial of opioids should not be used until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be noted to include a validated functional scale of social, physical, psychological and daily work activities. These assessments should be used with the use of opioid medication. The guidelines states that for the ongoing management of opioid medication use, that documentation of the efficacy of pain medication should include documentation of pain relief, functional status, medication side effect and that pain relief in response to the medications be specifically documented. In this case, the IW has documented pain but without documentation of a trial of other non-opioid medications. There is no functional status documented that assesses the IW's improvement with the use of Tramadol. There is no documentation of the medication side effect profile tailored specifically for this patient. Therefore, based on the guidelines and the review of the evidence, the request for Tramadol-50 mg #90 with 2 refills is not medically necessary.