

Case Number:	CM14-0125473		
Date Assigned:	08/11/2014	Date of Injury:	09/06/2011
Decision Date:	10/14/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice and is licensed to practice in California. 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:

56 yr. old male claimant sustained a work injury on 12/1/11 involving the shoulders and low back. He was diagnosed with bilateral shoulder derangement, partial thickness tears of biceps and subscapularis tendons , right rotator cuff tear and degenerative joint disease. A progress note on 5/22/14 indicated the claimant had continued shoulder and back pain. The right shoulder was tender on palpation over the rotator cuff region. The lumbar spine had paravertebral spasms and a positive straight leg raise bilaterally. The treating physician continued the claimant on Tramadol and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg one tab TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as

acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the length of prior use or failure on Tylenol or NSAIDs is unknown. There is no evidence of improved pain or function on Tramadol. There is no controlled substance contract in place for long-term use of opioids. The continued use of Tramadol is not medically necessary.