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| Case Number: | CM14-0127229 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 07/15/2009 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 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:

The injured worker (IW) is a 73-year-old man who reportedly injured his right shoulder and back from repetitive work on July 15, 2009. He has had physical therapy and medications. X-rays of the right knee dated May 29, 2014 were negative for fracture. Mild tri-compartmental degenerative joint disease was noted. Right shoulder x-rays dated May 29, 2014 were negative for fracture. Moderate degenerative joint disease acromioclavicular joint, mild osteopenia noted. Pursuant to the progress note dated May 14, 2014, The IW has been attending the recommended therapy to the knee. He has completed 5 sessions and feels like treatments have helped at him to better tolerate weight-bearing activities. He continued to have right knee pain. He also had right shoulder pain with limitations with activities at or above the shoulder level. Objective findings revealed right shoulder in comparison to the left was significantly higher. There was spasm of the trapezial regions, medial and upper. There was significant range of motion loss of the right shoulder on observation without quantification. He is passively able to abduct shoulder to about 80% of expected normal. The knee had palpable patellofemoral crepitus, positive McMurray's and positive pivot shift. Diagnoses include rotator cuff tear, right knee internal derangement, and right knee chondromalacia patella. The treating physician states that the IW is a surgical candidate, and will request for additional physical therapy visits. There is no documentation of current medications in the medical records. The Primary Treating Physician's Progress Report (PR-2) dated January 16, 2014 documents that the IW was taking Orudis 75 mg and Dendracin topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150 mg 30 day supply, QTY: #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates/Ongoing Management Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Opiates/Ongoing Management

Decision rationale: Pursuant to the California Chronic Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol is not medically necessary. The guidelines set criteria for initiating opiate use and chronic use of opiates. The treating physician should establish a treatment plan if the treating physician is initiating opiate use for the first time and, for ongoing management, if the treating physician needs to establish appropriate documentation as it pertains to long term use regarding pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. There should be functional improvement for continued use, documentation of misuse of medication, a continuing review of overall situation with regards to be use and a recommended frequency of return visits while in the trial phase during the first six months with follow-up visit every two weeks for the first two informants. In this case, it is unclear whether the injured worker has been on opiates long-term or whether the treating physician is starting an opiate trial. In either case, the medical documentation does not make mention of an opiate plan, trial or ongoing management. In a progress note from January 2014, the treating physician prescribed Dendracin lotion and Orudis (NSAI). There was no mention of Tramadol or any other opiates for consideration. Based on the clinical information the medical record, the lack of appropriate documentation and the peer-reviewed evidence-based guidelines, Tramadol is not medically necessary.