

Case Number:	CM14-0148715		
Date Assigned:	09/18/2014	Date of Injury:	06/16/2012
Decision Date:	11/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 55-year-old woman who was injured June 16, 2012. The mechanism of injury was not provided in the medical record. She is currently diagnosed with left shoulder pain and right hand pain. A retrospective request was made for 120 tablets of Lexapro 10mg, and 180 tablets of Tramadol 50mg. Submitted reports showed that this amount of medications was dispensed on July 23, 2014. The IW is noted to have had MRIs, x-rays, EMG/NCV, surgery, and medications. On July 10, 2014, she presented for a follow-up evaluation regarding her complaints of right and upper extremity pain. Her current medications include Lexapro 10mg (2 tablet at bedtime) and Tramadol 50mg (1 to 3 per day). She stated having "good results" with her medication and brings her pain levels down from a 6/10 to a 3/10. The physical examination showed the IW appeared depressed with a flat affects, does not smile during the examination. She had decreased left shoulder range of motion to 90-degree flexion and abduction with grimacing. Diagnoses include: Left shoulder pain, and right hand pain. EMC/NCV studies dated February 14, 2014 reveled negative findings. The IW was consulted regarding medications. She was instructed to continue her home exercise program. Work limitations include no lifting, pushing or pulling more than 10 pounds with the left arm. No repetitive use of the left arm and no reaching or overhead work with the left arm. There is no mention if the IW is currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50 mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications/Criteria For Opiate Use; On-going Opiate Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for opiate use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #180 is not medically necessary. Tramadol is a synthetic opioid that affects the central nervous system. It is indicated for treatment of moderate to severe pain. Tramadol is governed by the rules applying to opiates in general including ongoing management and review. Medical record should include the ongoing review and documentation as to pain relief, functional status, appropriate medication use and side effects. It should also be a detailed pain assessment. In this case, the injured worker's pain threshold was reduced from six out of 10 to 3 or 10. It is unclear if she has returned to work. The Chronic Pain Med Treatment Guidelines recommend continuation of opiates if the injured worker has returned to work and has improved functioning and pain. There is no evidence in the record of a detailed pain assessment or that the injured worker has returned to work. Additionally, the medical record not contain evidence of monitoring for medication compliance, still count, pain contract, risk for drug abuse. Based on the clinical information the medical record and the peer review evidence-based guidelines tramadol is not medically necessary.