

Case Number:	CM14-0153808		
Date Assigned:	09/23/2014	Date of Injury:	02/21/2013
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on 2-21-13. Office visit on 7-30-14 notes the claimant has constant right shoulder pain rated as 7/10. He reports numbness, tinging and spasms. His pain is better with medications. An MRI dated 3-7-14 showed a full thickness rotator cuff tear with restriction as well as humeral head slightly high riding. There is a relatively large inferior projecting osteophyte primarily in the distal clavicle present. On exam, the claimant has 4/5 strength to external rotation bilaterally. The claimant has positive impingement sign, Hawkins and Speeds test. He had mild tenderness along the trapezius and shoulder girdle along with facet loading test. The claimant has been treated with a cortisone injection with some relief as well as physical therapy for 15 months with temporary relief but persistent symptoms. The claimant is being treated with medications. Office visit on 9-24-14 notes the claimant reports he has daily pain rated as 8/10. He uses Tramadol for pain as needed. On exam, the claimant has lateral abduction to 75 degrees, right upper extremity abduction to 90 degrees. The claimant is being treated with medications to include Tramadol and Flexeril, as well as Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment. Therefore, the medical necessity of this request is not established.