

Case Number:	CM14-0166494		
Date Assigned:	10/13/2014	Date of Injury:	03/15/2013
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 & Rehabilitation 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:

This 53-year-old patient sustained a work-related injury on 3/15/13. Request under consideration is for Tramadol ER 150mg #30. Diagnoses include shoulder impingement status post decompression; bilateral epicondylitis status post epicondylar release; bilateral carpal tunnel syndrome (CTS) status post release; and issues of sleep and depression. There is past medical history of diabetes and hypertension. Conservative care has included medications, therapy, and modified activities/rest. The patient underwent recent lumbar facet radiofrequency ablation without any documented functional improvement. Medications list Tramadol ER, Naproxen, and Flexeril. Reports of 3/14/14 and 5/29/14 from the provider noted the patient with ongoing chronic shoulder pain radiating down arm. Exam showed tenderness of left shoulder rotator cuff primarily along biceps tendon; full strength and positive impingement signs of Hawkins and Speed tests. Diagnosis noted was impingement syndrome status post decompression. Treatment noted the patient has not been working since 2/2/14; plan included TENS, bracing, home exercise and request for shoulder fluoroscopic evaluation. Report of 8/18/14 noted unchanged ongoing chronic symptoms and clinical findings. The request for Tramadol ER 150mg #30 was non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol ER 150mg #30 is not medically necessary and appropriate.