

Case Number:	CM14-0080579		
Date Assigned:	07/18/2014	Date of Injury:	10/29/2012
Decision Date:	09/19/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Ohio. 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 is a 49-year-old male, who reported injury on 10/29/2012. Medications include tramadol 50 mg, flurbiprofen, gabapentin, Maxzide, and simvastatin. The treatment plan was for the injured worker to continue medications which at this point consist of tramadol 150 mg daily. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right shoulder sprain/strain, right shoulder internal derangement and status post right shoulder surgery. Past treatment for the injured worker consisted of physical therapy and medication therapy. On 04/17/2014, the injured worker underwent an x-ray of the right shoulder. The findings of the x-ray were not submitted for review. The injured worker underwent right shoulder surgery. The injured worker complained of right shoulder pain which he described as dull and rated it at a 1/10. The injured worker stated that the pain was worse with overuse but better with relaxation. The physical examination dated 03/27/2014 revealed that the injured worker's right shoulder had a muscle strength of 5/5. Sensation of the shoulder was intact. There were no pertinent findings of range of motion on the injured worker's right shoulder. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, # 60(Retrospective) DOS 03/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82,93-94,113; 78.

Decision rationale: The request for Tramadol 150mg, #60 (Retrospective) DOS 03/2720/14 was not medically necessary. The injured worker complained of right shoulder pain which he described as dull and rated it at a 1/10. The injured worker stated that the pain was worse with overuse but better with relaxation. The California MTUS states central analgesics drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The submitted report revealed that the injured worker did not have a diagnosis of neuropathic pain. The report lacked any evidence of effectiveness of functional improvement with the use of tramadol. There were no notes suggesting what pain levels were before, during, and after the medication use. There was also no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There were no drug screens submitted for review showing that the injured worker was in compliance with the MTUS. Furthermore, it is unclear as to when the injured worker started taking the tramadol and how often. The submitted request did not indicate a frequency or duration of the tramadol. Given the above, the injured worker was not within the MTUS Guidelines. As such, the request was not medically necessary.

Tramadol 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82,93-94,113; 78.

Decision rationale: The request for Tramadol 150mg, #60 is not medically necessary. The injured worker complained of right shoulder pain which he described as dull and rated it at a 1/10. The injured worker stated that the pain was worse with overuse but better with relaxation. The California MTUS states central analgesics drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The submitted report revealed that the injured worker did not have a diagnosis of neuropathic pain. The report lacked any evidence of effectiveness of functional improvement with the use of the tramadol. There were no notes suggesting what pain levels were before, during, and after the medication use. There was also no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The submitted report did not have any drug screens submitted for review showing that the injured worker was in compliance with his prescription medications.

Furthermore, it is unclear as to when the injured worker started taking the tramadol and how often. The request as submitted did not indicate a frequency or duration. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for tramadol 150 mg is not medically necessary.