

Case Number:	CM14-0094874		
Date Assigned:	09/15/2014	Date of Injury:	08/03/2011
Decision Date:	10/06/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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:

There were 584 pages provided for this review. The date of the independent medical review application was June 20, 2014. The issue was the prescription tramadol ER 150 mg number 60, modified to the same strength, but just number 45. It appears that other medicines in this request were certified except that the tramadol was modified. Per the records provided, the patient was described as a 52-year-old man injured on August 3, 2011. There were prescription requests for Elavil, omeprazole, tramadol ER, Neurontin and naproxen as well as one urinary toxicology screen. The patient had been experiencing right shoulder and right upper extremity pain. There was also nausea, insomnia, headaches, chills, shortness of breath, constipation, diarrhea and depression. There is tenderness in the right shoulder and right upper extremity. There was limited range of motion in the right shoulder, elbow and wrist. There was reduced upper extremity strength on the right and reduced right grip strength. There is right shoulder pain, chronic pain syndrome, right elbow pain, right wrist pain and reflex sympathetic dystrophy. The patient has been on multiple medicines which reduces his pain from nine out of 10 to 7 out of 10. There was a psychological evaluation from August 12, 2012. He works as a truck driver. He is a 52-year-old male. He had to slide the axle forward to load the truck in one of the pins would not release, so he pulled hard, and felt a lot of pain in the shoulder. He thought it was a pulled muscle and he didn't see a doctor for six weeks but just kept working.. He figured it would heal but it just got worse. He had surgery which was about one year after he got hurt. He took pills and had physical therapy but none of these helped. Another MRI reportedly showed the shoulder was good. The doctor feels he has reflex sympathetic dystrophy but the doctors disagree. They are considering a hand release procedure. He noticed it is hard to stay emotionally together since the injury..

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported.