

Case Number:	CM14-0214344		
Date Assigned:	01/07/2015	Date of Injury:	12/11/2012
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 53-year-old male with an injury date of 12/11/12. Based on the 10/13/14 progress report provided by treating physician, the patient complains of left shoulder pain. The patient is status-post left shoulder arthroscopy with arthroscopic superior labral anterior posterior (SLAP) repair 06/18/12. Physical examination to the left shoulder revealed tenderness to palpation to over the anterior, lateral and posterior shoulder girdle. Range of motion was decreased, especially on abduction 80 degrees. The patient has been performing a self-directed home exercise program. Patient's current medications include Omeprazole and Norco. Per treater's report dated 10/13/14, the patient is on modified work. MRI of the left shoulder 01/09/13 shows osteoarthritis of the left glenohumeral joint. Diagnosis (10/13/14)- Advanced osteoarthritis of the left shoulder- Possible biceps or labral tears of the left shoulder- Synovitis of the left shoulder- Acromioclavicular joint arthropathy of the left shoulder- Long thoracic nerve palsy with winging of the scapula of the left shoulder- Adhesie capsulitis of the left shoulder- Slight to moderate left carpal tunnel syndrome- Hypertension- GERD The utilization review determination being challenged is dated 12/10/14. The rationale follows: "records provided for review did not specify information addressing the 4 A's." Treatment reports were provided from 07/30/13 to 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 times three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88-89, 76-78, 60-61.

Decision rationale: The patient presents with left shoulder pain. The request is for TRAMADOL 50MG #60 TIMES THREE REFILLS QTY: 3. Range of motion was decreased, especially on abduction 80 degrees. The patient has been performing a self-directed home exercise program. Patient's current medications include Omeprazole and Norco. Patient is on modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per report dated 12/01/14, treater's reason for the request is for pain relief. In this case, treater states patient has been using Norco and Vicodin since at least 04/03/13, but on 10/22/14 treater switched to Tramadol. It would appear that the treater is going to weaker opiate as Tramadol is a synthetic opiate with less abuse potential. Since this medication is being switched, the treater does not appear to have had an opportunity to document it's efficacy. MTUS supports weaning of opiates, and using the least amount. The request IS medically necessary.