

Case Number:	CM14-0215063		
Date Assigned:	01/02/2015	Date of Injury:	04/28/2000
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
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:

This patient is a 60 year old female with an injury date of 4/28/2000. Based on the 12/02/14 progress report, this patient complains of shoulder and wrist pain with 8/10 left shoulder pain without medications. Exam of patient shows "palpable pain diffusely around the left shoulder and especially along the biceps tendon and the supraspinatus." She also has pain under the acromium in the left shoulder, pain at the insertion of the supraspinatus and deltoid muscle, and palpated pain at the insertion of the infraspinatus muscle. Patient is unable to perform the Apley Scratch Test with abduction internal rotation and adduction external rotation. Patient is positive for Neer's Test, Hawkin's Test, Yergason Test, Speed's Maneuver on the right side. Patient tests positive bilaterally for Tinel's Test, Phalen's Test, Reverse Phalen's Test, Finkelstein's Test, and Fifth Nerve Compression Test. Wrist examination shows mild swelling on the left and right hand and wrist with pain under the retinaculum of both wrists and along the extensor pollicis longus tendons bilaterally. Referenced 7/16/12 MRI of the cervical spine showed 1-2mm bulges at C5- 6, facet joint hypertrophy. Referenced 7/18/13 MRI of left shoulder showed, interstitial tear of the supraspinatus and intraspinatus tendons, superior labral tear, tear of the the biceps, 7mm subcortical cyst at the insertion of the supraspinatus tonon, type III acromion. Range of motion (L/R/Normal): Forward flexion: 145/170/180; extension: 15/30/30; internal rotation: 50/60/60; external rotation: 70/80/80; abduction: 130/170/180; and adduction: 35/35/45. Diagnoses for this patient are: 1. Bilateral carpal tunnel syndrome. 2.

Shoulder impingement syndrome. 3. Rotator cuff tears. 4. SLAP lesion. 5. Chronic pain. 6. Pain-induced insomnia. 7. Cervical degenerative disc disease. 8. Right middle finger with trigger finger. Work status as of 12/2/14: The patient is on permanent disability. The utilization review being challenged is dated 12/03/14 and was modified with 3 refills. The request is for Tramadol 50mg 1-2 TID, #180 with 5 refills. The requesting provider has provided various reports from 2/25/02 to 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1-2 TID, #180 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: This This patient presents with persistent shoulder and wrist pain. The treater requests tramadol 50 mg, #180 with 5 refills; the 12/2/14 report notes refill of Tramadol 50 mg 1 four times a day for pain. Tramadol is a centrally acting synthetic opioid analgesic and is recommended as second-line treatment for moderate to severe pain. If used on a long-term basis, the criteria for use of opioids should be followed as outlined by MTUS guidelines, pages 88 and 89: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Also, MTUS page 78, requires documentation of the four As (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. Review of the reports show that the patient prefers to manage symptoms with medications, although clinical notes indicate that the patient "really needs surgery," per 11/16/13 report. 8/1/14 report states the patient does "have improved functionlity with medications" with Tramadol. The 12/2/14 progress report: Surgery will eliminate the pain, but the patient "only wants to be managed with medications" as she is "fearful because other surgeries in the past didn't help." Patient reports wrist pain and 8/10 left shoulder pain without medications; with medications, her pain level is rated at 5-6/10, with "more functionality as a result of the medications." Patient uses Tramadol 50 mg 1-2 TID. Review of the submitted progress reports from 3/8/13 through 12/2/14 indicate use of Tramadol 50 mg 1-2 TID by patient for pain levels of 8-9/10, which decreases to 5-6/10 with medications and increases functionality, but there are no specifics provided in terms of the functionality achieved. The medical necessity for surgical intervention to address and resolve this patient's shoulder pathology/pain that has been recommended (and approved), however, given a lack of discussion to taper opioid use and the absence of documentation of the four As, as required by MTUS guidelines, long-term use of Tramadol cannot be warranted a medical necessity. While a modification in the number of refills seems appropriate to initiate a tapering scheduled, the request for Tramadol with 5 refills is not medically necessary.