

Case Number:	CM14-0216050		
Date Assigned:	01/06/2015	Date of Injury:	01/25/2014
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 56-year-old male with a date of injury of 01/25/2014. The medical file provided for review includes one initial evaluation and treatment report dated 11/05/2014. According to this report, the patient presents with right shoulder, right arm, and right hand pain. Examination of the right shoulder revealed well-healed arthroscopic portals and tenderness in the bicep tendon. Range of motion is decreased and strength is diminished drastically. Examination of the right forearm and wrist revealed tenderness about the carpals area. The patient can extend the elbow to 0 degrees and flex to 140 degrees. The strength is diminished about the right wrist. There is diminished sensation about the hand in the palm including all of the digits. X-ray of the right shoulder was taken on this date which showed mild hypertrophy of the acromioclavicular joint. Three views of the patient's right wrist and forearm showed no abnormality. The listed diagnoses are: 1. Right shoulder pain following arthroscopy. 2. Right hand numbness. The patient is currently not working. Treatment plan is for patient to continue with home exercise program, EMG/NCV study of the upper extremity and prescription of medication including diclofenac XR 100 mg, and tramadol ER 150 mg. The utilization review denied the request on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic opioid narcotic analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with right shoulder, right arm, and right hand pain. The current request is for tramadol ER 150 mg #60 with 1 refill. The medical file provided for review includes 1 initial treatment report dated 11/05/2014. The treating physician states that tramadol will be used for patient's pain. This appears to be an initial request. MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. The MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for initiating new opioid cannot be supported as this time as there are no functional assessments to necessitate a start of a new opioid. MTUS states that Functional assessment should be made. Function should include social, physical, psychological, daily, and work activities. The requested tramadol IS NOT medically necessary.