

Case Number:	CM15-0100862		
Date Assigned:	06/03/2015	Date of Injury:	03/01/2007
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 63-year-old female who sustained an industrial injury on 3/1/07. The mechanism of injury is unclear. She currently has left shoulder pain that flares with overhead activity; left hip pain. On physical exam, there was tenderness on palpation of the lumbar spine with decreased sensation and pain level of 5/10; left shoulder, mild tenderness on palpation with pain level 6/10. Medications are Voltaren, Tramadol. Diagnoses include discogenic low back pain; arthritis left hip; impingement syndrome left shoulder; tendonitis, calcific shoulder. Treatments to date include physical therapy; home exercise program; medications. In the progress note, dated 3/19/15 the treating provider's plan of care includes request for Tramadol 50 mg # 120 as needed for pain flare up in left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg qty 120 for 30 day supply (MED 200): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional Improvement Measures Page(s): 78-80/48.

Decision rationale: MTUS Guidelines have very specific standards that need to be met to justify the long-term use of opioid medications. These standards include careful documentation of how much pain relief is realized for how long, how the medication affects functional abilities and the lack of drug related behaviors. Key aspects of the recommended standards are lacking. There is no documentation of the level of pain relief (quantified), how long the pain relief lasts nor is there documentation of its affects on activity levels. Without this documentation, the long-term use of opioids is not supported by Guidelines. The prescribing physician can provide additional information possibly show compliance with Guidelines, but at this point in time, the Tramadol 50mg, #120 for a 30 day supply is not supported by Guidelines and is not medically necessary.