

Case Number:	CM15-0010799		
Date Assigned:	01/28/2015	Date of Injury:	10/27/2002
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 injured worker is a 67 year old male, who sustained an industrial injury on 10/27/2002. The current diagnoses are sprain of the neck, shoulder, arm, elbow, and forearm, and status post reverse left total shoulder replacement (2011). Currently, the injured worker complains of mid back, posterior shoulder spasms. Current medications are Norco, Voltaren, and Methoderm lotion. The treating physician is requesting Tramadol 50mg #60, which is now under review. On 12/22/2014, Utilization Review had non-certified a request for Tramadol 50mg #60. The Tramadol was non-certified based on lack of rationale as to why this patient would require Tramadol and Norco. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50 mg, prescribed on 12/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram ER) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 67 year old patient presents with pain in the mid back and posterior shoulder, as per progress report dated 12/15/14. The request is for RETROSPECTIVE REQUEST FOR TRAMADOL 50 mg, PRESCRIBED ON 12/15/14. There is no RFA for this request, and the patient's date of injury is 10/27/12. The patient is status post reverse total left shoulder replacement on 12/14/11. The patient is also status post right shoulder arthroscopy with subacromial decompression, acromioplasty and Mumford procedure on 09/29/06, as per progress AME report dated 03/28/14. The pain is rated at 5-9/10, as per progress report dated 12/08/14. Diagnoses included neck sprain, shoulder sprain, arm sprain, elbow sprain, and forearm sprain, as per progress report dated 12/15/14. Medications include Menthoderm lotion, Voltaren, Flexeril and Protonix. The patient's work status has been determined as permanent and stationary, as per the same progress report. For chronic opioids use, 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. In this case, a prescription for Norco is first noted in progress report dated 04/08/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document a reduction in pain or a specific and measurable increase in activities of daily living. Although a UDS report dated 04/07/14 has been consistent with opioid use, no CURES reports are available for review. The treater does not discuss any side effects associated with Tramadol. MTUS requires clear documentation regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, this request IS NOT medically necessary.