

Case Number:	CM15-0017258		
Date Assigned:	02/05/2015	Date of Injury:	07/13/2013
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained a work related injury on 7/13/13. The diagnoses have included rotator cuff tear right shoulder, impingement syndrome right shoulder, left shoulder surgery, chronic low back pain, and discogenic low back pain. Treatments to date have included x-rays left shoulder, CT scan left shoulder, MRIs right and left shoulders and lumbar spine, injection left shoulder, oral medications including Norco, and modified activities. In the PR-2 dated 1/2/15, the injured worker complains of bilateral shoulders and low back pain. He has pain that radiates down the left leg. He rates the pain a 6/10 on medications and 10/10 off of medications. On 1/16/15, Utilization Review non-certified a prescription request for Tramadol ER 150mg. #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, he had been using Norco to help reduce his chronic low back and shoulder pain and was advised to begin taking tramadol ER in addition to Norco and his other medications (Lunesta and Naproxen) to further reduce his pain levels. However, there was insufficient reporting found in the documents to any discussed goals with this medication and side effects. Also, an insufficient baseline functional assessment was included in the note at the time of the request. Therefore, the addition of tramadol ER will be considered medically unnecessary at this time.