

Case Number:	CM15-0111882		
Date Assigned:	06/18/2015	Date of Injury:	11/15/2012
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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 58-year-old male, who sustained an industrial injury on 11/15/12. The injured worker was diagnosed as having headache, cervicgia, right shoulder pain, right shoulder sprain/strain, left shoulder pain and left shoulder sprain/strain. Treatment to date has included oral medication including Tramadol ER 100mg, right shoulder surgery, activity restrictions, physical therapy and cane for ambulation. Currently, the injured worker complains of a headache, constant severe throbbing neck pain rated 10/10 and constant severe throbbing right and left shoulder pain rated 10/10. Physical exam noted restricted range of motion of cervical spine with tenderness to palpation of the cervical paravertebral muscles, restricted range of motion of right shoulder with tenderness to palpation of anterior and posterior shoulder and restricted range of motion of left shoulder with supraspinatus press causing pain. The treatment plan included refilling of Tramadol 100mg #45, pain management, neurologist consul and ortho evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg #45: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the ongoing use of an opioid medication when there is no reported pain relief. The Guidelines also state that improved function is necessary to support the use of opioids. The standards to support the ongoing use of opioids have not been met. No relief of pain is reported and no functional support/improvement is reported due to opioid use. There are no unusual circumstances to justify an exception to Guidelines. The Tramadol 100mg, #45 is not supported by Guidelines and is not medically necessary.