

Case Number:	CM15-0111916		
Date Assigned:	06/18/2015	Date of Injury:	06/27/2011
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/10/2015

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: Arizona, California
 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 (IW) is a 57 year old female who sustained an industrial injury on 06/27/2011. She reported a trip and fall accident in which she injured her neck, right shoulder, right arm, and low back. According to the agreed medical evaluation of 05/16/2015, the injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc, without myelopathy; rotator cuff tear; sprain/strain other unspecified parts of the back. Treatment to date has included medications, physical therapy, MRI, and right shoulder surgery x 2 (7/27/2012 and 05/13/2014), trigger point injections to the lumbar spine (August 2014). In the provider notes of 02/26/2015, the injured worker complained of right shoulder pain and lower back pain and stated she is waiting for a repeat right shoulder surgery. She has multiple somatic complaints. She also stated she has had a pelvic ultrasound on 02/20/2015 that revealed a 5.4 cm posterior fundal fibroid and a right adnexal cyst. On examination, there is tenderness over both shoulders. There is significant reduction in range of motion of the right shoulder, which is close to 50% of normal. There is myospasm and tenderness of the cervical and lumbar paraspinal musculature bilaterally. There is palpable tenderness over the right inguinal ligament with no palpated hernia. There is mild epigastric tenderness to palpation. Her medications include hydrocodone, Bupropion, Buspirone, Orphenadrine, Tramadol, Diclofenac, pantoprazole, docusate sodium, Miralax, omeprazole, Gaviscon and Regalan. The treatment plan includes continuation of her current medications and re-evaluation in one month. On 04/29/2015, a request for authorization was received for Tramadol 50mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was on hydrocodone and muscle relaxants along with Tramadol. The claimant had been on Hydrocodone along with NSAIDS for over a year. Long-term use of opioids has not been studied. No one opioid is superior to another. Pain scores were not routinely noted and the claimant had constipation while on opioids. The continued use of Tramadol is not substantiated nor medically necessary.