

Case Number:	CM15-0118058		
Date Assigned:	06/26/2015	Date of Injury:	02/27/2014
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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 59-year-old female, who sustained an industrial injury on February 27, 2014 incurring right shoulder, right elbow and neck injuries. She was diagnosed with a neck sprain, right shoulder sprain and right elbow epicondylitis. Treatment included physical therapy, muscle relaxants, pain medications, anti-inflammatory drugs, home exercise program, and work modifications and restrictions. Currently, the injured worker complained of persistent right shoulder pain and increased muscle spasms. Upon examination, there was noted limited range of motion of the right shoulder. Magnetic Resonance Imaging of the right shoulder revealed tendinopathy of the biceps and a moderate tear and fraying of the superior lip of the glenoid labrum, and degenerative joint disease of the right acromioclavicular joint. The treatment plan that was requested for authorization included a prescription for Tramadol HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Tab 50 MG #30: 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 allow for the careful use of opioids if there are specific standards that are met. These standards include; prescribing pain medications by a single physician, meaningful pain relief with careful documentation of use patterns and length of pain relief. Improved functioning from opioid use and a lack of drug related aberrant behaviors. Several of the key Guideline standards are not met. The occupational clinic states that this individual is utilizing Tramadol, but there is no reporting of pain relief or use patterns. The pain management clinic does not acknowledge the use of Tramadol and dispenses a muscle relaxant and NSAID stating that they should provide all medications. The physical therapist documents that Tramadol had been used, but was discontinued. Under these circumstances the Tramadol HCL Tab 50mg, #30 is not supported by Guidelines and is not medically necessary. The apparent lack of coordinated care and inadequate documentation are the primary problems with the Tramadol.