

Case Number:	CM15-0118091		
Date Assigned:	06/26/2015	Date of Injury:	10/15/2013
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
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: Texas, Florida, 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 49 year old female who sustained an industrial injury on 10/15/2013. Diagnoses include cervicalgia, left shoulder impingement, disorders of bursae and tendons in the shoulder region-unspecified. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 04/17/2015 documents the injured worker complains of pain in the neck, left shoulder, left wrist and left hand with radiation to the left arm. The pain is associated with tingling and numbness in the left hand and weakness in the left arm and left hand. The pain is constant frequent and severe in intensity. On a scale of 0-10 (when 0 is no pain, and 10 is the worst pain) she rates her pain as a 7 on average, but as 5 at its best and 9 at its worst. Her pain is not much improved since her last visit. The injured worker has functional limitations of not being able to do physical exercises, household chores and having sexual relation because of her pain. On examination there is tenderness to palpation over the cervical paraspinal muscles. The left shoulder reveals tenderness to palpation over the anterior and posterior aspect of the shoulder. There is positive Hawking's test and positive Yergason test. There is diminished sensation in the left C7 and C8 dermatomes of the upper extremities. The treatment plan includes Anaprox and Omeprazole. Treatment requested is for Retro: Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro:Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 12, 13 83 and 113 of 127.

Decision rationale: This claimant was injured in 2013. Diagnoses include cervicalgia, left shoulder impingement, disorders of bursae and tendons in the shoulder region-unspecified. A physician progress note dated 04/17/2015 documents the injured worker complains of pain in the neck, left shoulder, left wrist and left hand with radiation to the left arm. The Tramadol use appears long term. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. This request is not medically necessary.