

Case Number:	CM15-0122303		
Date Assigned:	07/06/2015	Date of Injury:	09/18/2014
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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 is a 56 year old male who sustained an industrial /work injury on 9/18/14. He reported an initial complaint of constant pain in the bilateral groin area. The injured worker was diagnosed as having inguinal hernia, bilateral shoulder tendinitis, left rotator cuff tear partial left labral tear, bilateral knee osteoarthritis, left upper extremity radiculitis. Treatment to date included medication, diagnostic testing, and referral. Currently, the injured worker complained of left upper extremity radicular pain and shoulder pain rated 6/10. There was bilateral groin pain rated 4/10. Per the primary physician's report (PR-2) on 5/12/15, there was guarding of the right upper extremity, moved with stiffness, and exhibited difficulty rising from sitting position. Current plan of care included right shoulder injection and ophthalmology visit due to blurry vision. The requested treatments include Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg twice a day #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months. There was no mention of failure of Tylenol or NSAID use. Weaning attempt was not noted. Long-term use is not indicated. Future need cannot be determined to validate an additional refill. The request for continued Tramadol is not medically necessary.