

Case Number:	CM15-0126133		
Date Assigned:	07/10/2015	Date of Injury:	10/23/2014
Decision Date:	09/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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 51-year-old male who sustained an industrial injury on 10/23/14. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy, left rotator cuff tear and left shoulder impingement syndrome. Currently, the injured worker was with complaints of pain in the low back with radiation to the right leg as well as left shoulder pain. Previous treatments included oral pain medication, activity modification, physical therapy and injection therapy. The injured workers pain level was noted as 7/10 in the low back and 8/10 in the left shoulder. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. Physical examination was notable for pain with straight leg raise on the right, left shoulder with pain upon supraspinatus palpation. The plan of care was for Tramadol HCL ER 100 milligrams, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 100 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 2014 and has lumbar disc displacement, lumbar radiculopathy, left rotator cuff tear, and left shoulder impingement. There is currently pain in the low back with radiation. This is a continuance of oral pain medication. 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. The request is not medically necessary.