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| Case Number: | CM15-0127553 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 10/05/2010 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 43-year-old male, who sustained an industrial injury, October 5, 2010. The injury was sustained when the injured worker lifted calf that weighing 80-90 pounds, the injured worker felt a sudden pain along with numbness and tingling in the entire right upper extremity. The injured worker previously received the following treatments arthroscopic surgery of the right shoulder on December 23, 2010, open resection of distal clavicle and open acromioplasty, postoperative physical therapy and Motrin. The injured worker was diagnosed with status post right shoulder arthroscopic surgery, chronic right shoulder pain and fluctuating right upper extremity swelling. According to progress note of May 4, 2015, the injured worker's chief complaint was right shoulder pain. The pain was rated at 8 out of 10, sometimes 10 out of 10. The injured worker reported the pain radiated into the right elbow. The injure worker had numbness and tingling in the right hand, digits three and five. The pain was made worse by reaching, lifting, as well as repetitive movement of the arms as well as driving. The physical exam noted decreased range of motion in the right shoulder, abduction of 60 degrees, adduction of 30 degrees, flexion of 90 degrees, extension 10, external rotation 45 and internal rotation 70. The treatment plan included prescriptions for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol 50mg #90 is not medically necessary.