

Case Number:	CM15-0127973		
Date Assigned:	07/09/2015	Date of Injury:	07/25/2013
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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 52 year old male, who sustained an industrial injury on July 25, 2013. The injured worker reported right shoulder and left knee injury. The injured worker was diagnosed as having glenohumeral arthritis, right shoulder joint replacement and muscular wasting and disuse atrophy. Treatment to date has included medication, right shoulder surgery, right knee surgery X 3, left knee surgery and right hand surgery. A progress note dated June 3, 2015 provides the injured worker complains of neck, right shoulder and bilateral knee pain. He reports the right shoulder is much better since surgery. Physical exam notes cervical painful range of motion (ROM), the right shoulder surgical scar with decreased ROM and right hand well healed surgical scar. The knees note decreased range of motion (ROM) with positive crepitus. The plan includes Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 tablets of Tramadol HCL 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Page(s): 92-93.

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 has been on Norco for over 6 months. Recent notes mentioned that the Tramadol provided better pain relief however; there was no comparison of pain scores. The claimant had also been on NSAIDS in the past. There was no mention of Tylenol failure. Long-term use of opioids is not indicated and no one opioid is superior to another. The request to continue Tramadol is not medically necessary.