

Case Number:	CM15-0160114		
Date Assigned:	10/15/2015	Date of Injury:	03/31/2009
Decision Date:	11/23/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina
 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 female who sustained an industrial injury on 3-31-2009. Diagnosis is stated as pain in shoulder joint. Documented treatment includes right shoulder surgery rotator cuff repair in 2009, and revision in 7-2012; completion of a functional restoration program; left shoulder cortisone injections with noted 5 months of pain relief; acupuncture; and, medication including Ultracet, Naproxen, Omeprazole, and Tramadol. Tramadol is noted in the medical record since at least 2-2015. The physician states that medication provides a 30 percent decrease in pain level, and allows her to engage in activities of daily living. On 7-21-2015 the injured worker reported continuation of her chronic bilateral shoulder pain, with the left being worse. The objective examination did not include documentation of musculoskeletal assessment. The treating physician's plan of care includes Tramadol-APAP 37.5-325 mg #90, denied on 7-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90 tab every 12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, specific drug list, Tramadol/Acetaminophen (Ultracet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.