

Case Number:	CM15-0170220		
Date Assigned:	09/10/2015	Date of Injury:	04/24/2011
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female who sustained an industrial injury on 4-24-11. The injured worker reported shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for sprain shoulder, adhesive capsulitis shoulder, rotator cuff tear, and contracture tendon (sheath). Medical records dated 7-21-15 indicates pain rated at 9 out of 10. Provider documentation dated 6-2-15 noted the work status as "Unable Indefinitely. Retired." Treatment has included a right shoulder magnetic resonance imaging (6-17-13), Tramadol since at least January of 2015, Gabapentin since at least January of 2015 and Mobic since at least January of 2015. Physical examination dated 7-21-15 was notable for right shoulder with positive impingement signs. Physical examination dated 6-2-15 was notable for "Right shoulder with range of motion limited in reach behind maneuver. Impingement signs positive." The original utilization review (7-31-15) partially approved Tramadol 50 milligrams, 1 tab three times a day as needed quantity of 60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 milligrams, 1 tab three times a day as needed #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of tramadol nor sufficient documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it was noted that UDS was consistent for Tramadol in 10/2014. CURES was checked on 1/2015. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 4-month supply is not appropriate as it does not allow for periodic reassessment. Therefore, the request is not medically necessary.