

Case Number:	CM15-0172377		
Date Assigned:	09/14/2015	Date of Injury:	06/25/2002
Decision Date:	10/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female, who sustained an industrial injury on June 25, 2002. Several documents are included in the submitted medical records are difficult to decipher. The injured worker was diagnosed as having status post right shoulder arthroscopy with residual complex regional pain syndrome of the right upper extremity. Medical records (March 13, 2015 to May 15, 2015) indicate ongoing burning pain of the right shoulder, which is rated 5-6 out of 10. Her pain was decreased. Her second stellate ganglion block on April 20, 2015 helped her by 65%. Records also indicate decreased numbness with improved range of motion and muscle strength. The physical exam (March 13, 2015 to May 15, 2015) reveals continued tenderness to palpation over the acromioclavicular joint and increased range of motion of the right shoulder. Surgeries to date have included anterior cervical discectomy and fusion in 2006 and right shoulder arthroscopic decompression, distal clavicle resection, labral debridement, and rotator cuff debridement. Treatment has included a right stellate ganglion blocks, and medications including pain (Tramadol ER since at least April 2015), muscle relaxant (Fexmid), sleep (Zolpidem), and anti-epilepsy (Gabapentin). On June 24, 2015, the requested treatments included Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Overturned

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, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2002 and continues to be treated for right shoulder pain after arthroscopic shoulder surgery including a diagnosis of CRPS. When seen, she was two months status post a second stellate ganglion block. Additional blocks were pending. She had improvement with motion but was having persistent right hand pain, finger pain, swelling, and stiffness. Medications are referenced as decreasing pain from 7/10 to 4/10 and lasting for six hours with improved ability for activities of daily living and improved sleep. Physical examination findings included decreased range of motion with hypersensitivity. There was slight right hand redness with mild diffuse swelling. Medications were refilled. The total MED (morphine equivalent dose) being prescribed was 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activities of daily living and sleep. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.