

Case Number:	CM15-0173572		
Date Assigned:	09/15/2015	Date of Injury:	09/24/2003
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, 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 67 year old male who sustained an industrial injury on 9-24-2003. A review of medical records indicates the injured worker is being treated for cervical sprain with facet inflammation, impingement syndrome of the shoulder bilaterally status post decompression bilaterally, distal clavicle excision on the left, modified Mumford procedure on the right and labral repair on the right with no MRIs or injections since surgery over a decade ago, epicondylitis bilaterally especially laterally, wrist joint inflammation, more on the left than the right status post one injection to the left wrist joint, cubital tunnel syndrome bilaterally, quiescent, laceration along the index finger on the left with no loss of motion, discogenic lumbar condition, internal derangement of knee bilaterally status post meniscectomy in the past bilaterally, and internal derangement of the knee on the left. Medical records indicate persistent pain to the right shoulder and right knee. Physical examination noted he has good range of motion to the right shoulder, however, had pain along the rotator cuff and bicep tendon and also pain along the knees, more so on the right side, medial greater than lateral joint line. Treatment has included medications and injections. Request for Authorization included Tramadol ER 150 mg. Utilization review modified tramadol ER 150 mg # 30 to #22. Per the note dated 7/23/15, the patient had complaints of right shoulder and right knee pain. Physical examination revealed painful ROM of the right shoulder and right knee. The patient's surgical history include bilateral knee and shoulder surgery. The medication list includes Norflex, Celebrex, Lunesta, Norflex, Effexor and Tramadol. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG #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 for neuropathic pain.

Decision rationale: Request: Tramadol ER 150 MG #30. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient has had impingement syndrome of the shoulder bilaterally status post decompression bilaterally, distal clavicle excision on the left, modified Mumford procedure on the right and labral repair on the right, status post meniscectomy in the past bilaterally, and internal derangement of the knee on the left. Medical records indicate persistent pain to the right shoulder and right knee. Physical examination noted he has good range of motion to the right shoulder, however, had pain along the rotator cuff and bicep tendon and also pain along the knees, more so on the right side, medial greater than lateral joint line. Per the note dated 7/23/15, the patient had complaints of right shoulder and right knee pain. Physical examination revealed painful ROM of the right shoulder and right knee. The patient's surgical history include bilateral knee and shoulder surgery. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol ER 150 MG #30 is deemed as medically appropriate and is medically necessary.