

Case Number:	CM15-0175376		
Date Assigned:	09/16/2015	Date of Injury:	04/04/2014
Decision Date:	10/19/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	09/04/2015

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 47 year old female with an industrial injury dated 04-04-2014. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the right shoulder joint, disorders of bursae and tendons in the right shoulder region and other affections of the right shoulder region, not elsewhere classified. Treatment consisted of diagnostic studies, right shoulder subacromial decompression with debridement acromioclavicular joint (AC) resection on 05-27-2015, medications, at least 6 sessions of physical therapy and periodic follow up visits. According to the progress note date 07-07-2015, the injured worker presented for follow up evaluation. The injured worker reported that she would like some pain medication and additional physical therapy. The injured worker is currently using Ibuprofen. Objective findings revealed equal range of motion of bilateral shoulders, weakness in the rotator cuff greater in supraspinatus musculature, and pain with Apley's cross arm test. Medical records (07-07-2015) indicate that the injured worker was on total temporary disability. The treatment plan consisted of additional physical therapy and medication management. The treating physician prescribed Tramadol 50 mg twice daily # 60 with 2 refills now under review. Utilization Review (UR) determination on 08-01-2015 denied the request for Tramadol 50 mg twice daily # 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg twice daily # 60 with 2 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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, there was no mention of failure of Tylenol or NSAIDs for chronic shoulder pain. Pain scores were not routinely noted. The future need for controlled substances cannot be determined. As a result, the Tramadol with 2 refills is not appropriate.