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| Case Number: | CM15-0175474 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 03/30/2013 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 09/05/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male injured worker suffered an industrial injury on 3-30-2013. The diagnoses included right and left shoulder subacromial bursitis, right and left shoulder impingement syndrome and right and left wrist sprain-strain. On 7-28-2015, the treating provider reported the right shoulder pain was severe. The left shoulder pain was constant and moderate. The right and left wrist pain was mild. On exam the right and left shoulder range of motion was reduced with tenderness, Neer's, Hawkin's signs were positive. The right and left wrists were tender. The provider noted compliance in regards to medication consumption and evaluation for aberrant drug behavior. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. Prior treatment included topical compounded medication Request for Authorization date was 6-30-2015. The Utilization Review on 8-4-2015 determined modification for Tramadol HCL 150mg, #30 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 150mg, #30: 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, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed this medication for over a year without consistent objective documentation of significant pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol HCL 150mg, #30 is determined to not be medically necessary.