

Case Number:	CM15-0175968		
Date Assigned:	09/17/2015	Date of Injury:	12/14/2012
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a date of injury on 12-14-2012. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, impingement syndrome, adhesive capsulitis of shoulder, pain in limb and carpal tunnel syndrome. Medical records (3-5-2015 to 8-10-2015) indicate ongoing right shoulder pain and right carpal tunnel syndrome. She reported pain, stiffness and no strength. On 3-5-2015, the injured worker rated her pain as six out of ten; she had stopped taking Tramadol due to side effects. On 7-9-2015, she rated her pain as seven out of ten. Per the treating physician (7-9-2015), the employee was temporarily totally disabled. She had no job to return to, as she had been laid off. The physical exam (8-10-2015) of the right shoulder revealed equivocal impingement signs and strength against resistance fair at 4 out of 5. Exam of the right hand and wrist revealed tenderness to palpation. Treatment has included shoulder and wrist surgery, physical therapy and medications. The original Utilization Review (UR) (9-1-2015) denied a request for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 40, 1-2 tabs (4) times daily as needed for pain: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 53 year old patient complains of pain, stiffness and weakness in right shoulder, hand and wrist, as per progress report dated 08/10/15. The request is for Tramadol 50 mg Qty 40, 1-2 tabs (4) times daily as needed for pain. There is no RFA for this case, and the patient's date of injury is 12/14/12. The patient is status post open right carpal tunnel release, status post right arthroscopic right subacromial decompression with bursectomy, and status post diagnostic and surgical arthroscopy of the right glenohumeral joint and right subacromial space. Diagnoses also included shoulder pain, impingement syndrome, adhesive capsulitis of shoulder, pain in limb, and carpal tunnel syndrome. The patient is temporarily totally disabled, as per progress report dated 07/09/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, the patient has been taking Tramadol consistently since 05/28/15. Prior progress reports document the use of Norco. However, in progress report dated 03/05/15, the treater states that the patient seeks to discontinue Tramadol due to side effects and will be prescribed Norco instead. Furthermore, the treater does not discuss efficacy of Tramadol. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Tramadol at this time. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.