

Case Number:	CM15-0025575		
Date Assigned:	02/18/2015	Date of Injury:	05/05/2011
Decision Date:	05/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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:

This 39-year-old woman sustained an industrial injury on 5/5/2011. The mechanism of injury is not detailed. Diagnoses include right shoulder impingement syndrome, partial tear of the right rotator cuff, calcific tendonitis, and right chronic subacromial/subdeltoid bursitis. Treatment has included oral medications, physical therapy, and shoulder injection. Physician notes dated 12/9/2014 show complaints of right shoulder pain. Recommendations include surgical intervention, shoulder manipulation under anesthesia, pre-and post-surgical accessory services and equipment, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram tab 50mg 1 every 4-6 hours as needed for pain post-op; #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 82-92.

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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant's pain increased over time while on the medication. Recent notes indicate 7-9/10 pain in the involved areas. There was no indication of Tylenol failure. Long-term use of Tramadol is not indicated. Continued use is not medically necessary.