

Case Number:	CM15-0026858		
Date Assigned:	02/19/2015	Date of Injury:	08/16/2010
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 16, 2010. In a Utilization Review Report dated January 20, 2015, the claims administrator partially approved a request for tramadol. The claims administrator referenced a December 17, 2014 progress note in its determination. The claims administrator contended that the applicant should taper off of tramadol in its report and went on to furnish a partial approval for that purpose. The applicant's attorney subsequently appealed. On December 17, 2014, the applicant reported ongoing complaints of shoulder, bilateral knee, low back, hand, and thumb pain. Highly variable 5-9/10 pain complaints were appreciated. The applicant was having difficulty with gripping and grasping activities. Sleeping at night was difficult, the treating provider acknowledged. Tramadol was refilled. Permanent work restrictions were renewed. It did not appear that the applicant was working with previously imposed permanent limitations. On November 5, 2014, the applicant reported multifocal complaints of 5-7/10 shoulder, low back, knee, and hand pain. The applicant received a shoulder corticosteroid injection. Permanent work restrictions were again renewed. The applicant was using Naprosyn and tramadol, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was suggested. The applicant did not appear to be working with permanent limitations imposed by a medical-legal evaluator. The applicant continued to report pain complaints as high as 9/10, it was noted above and reported difficulty with activities of daily living including gripping, grasping, sleeping, etc. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.