

Case Number:	CM15-0064021		
Date Assigned:	04/21/2015	Date of Injury:	06/12/2014
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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, Pain Management

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 37 year old male, who sustained an industrial injury on 6/12/14. He reported a left shoulder injury. The injured worker was diagnosed as having shoulder sprain/strain and impingement syndrome. Treatment to date has included joint injections, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of pain in neck and shoulder. Physical exam noted decreased range of motion of left shoulder. A request for authorization was submitted for decompression and debridement of left shoulder and pre-op medications including Keflex, Zofran, Naproxen, Colace, Tramadol, Norco and Vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the Tramadol is ordered for post-op pain control. However, the patient's surgery was denied by a previous utilization review. Therefore, there is no clear indication for the need of this medication at this time. The currently requested Tramadol is not medically necessary.