

Case Number:	CM15-0064473		
Date Assigned:	04/10/2015	Date of Injury:	11/23/2011
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

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 52 year old female, who sustained an industrial injury on 11/23/2011. She has reported subsequent back, wrist, shoulder and lower extremity pain and was diagnosed with carpal tunnel syndrome, lumbar disc rupture, rotator cuff tear and sciatica. Treatment to date has included oral pain medication, cortisone injections, epidural injections, acupuncture and surgery. In a progress note dated 03/05/2015, the injured worker complained of low back, shoulder and wrist pain. Objective findings were notable for limited range of motion of the right shoulder, exquisite tenderness over the right acromioclavicular joint and subacromial space, tenderness in the lumbar spine and decreased sensation in the bilateral lower extremities. A request for authorization of Tramadol was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 100mg ER day supply: 50 Qty: 100 refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for right shoulder, thumb, and radiating low back pain. Medications include Tramadol and there is also reference to Norco being prescribed. When seen, there had been improvement after a thumb injection but her symptoms were returning. Her response to the medications being prescribed is not documented. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant's response to the medications being prescribed is not documented. There is no evidence of progress towards a decreased reliance on medical care and the claimant appears to be becoming more dependent in terms of medical care usage. Therefore, the continued prescribing of tramadol was not medically necessary.