

Case Number:	CM15-0065100		
Date Assigned:	04/13/2015	Date of Injury:	08/06/2007
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
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: 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 67-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 6, 2007. In a Utilization Review report dated March 22, 2015, the claims administrator partially approved a request for tramadol, apparently for weaning purposes. An order form dated March 9, 2015 and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was status post multiple left and right shoulder surgeries, it was acknowledged. The applicant's medication list included Norco, tramadol, Relafen, Colace, lactulose, Zolof, and Ambien it was incidentally noted. The applicant was using the 150 mg dose of tramadol extended release it was incidentally noted. Permanent work restrictions were renewed. On March 9, 2015, the applicant stated that the combination of Norco and tramadol reduced the pain complaints of 9/10 without medications to 5/10 with medications. The applicant stated that his pain medications plus Ambien were ameliorating his ability to sleep four to five times at night. Significantly limited shoulder range of motion was noted. Norco, Zolof, Ambien, tramadol, Colace, and permanent work restrictions were endorsed. On this occasion, it was stated that the applicant was using tramadol extended release 100 mg. On multiple other progress notes and RFA forms, including those dated August 18, 2014, November 3, 2014, and November 13, 2014, the attending provider stated that the applicant was using tramadol extended release 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 80; 7.

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 did not appear to be working with permanent limitations in place, it was suggested on the March 9, 2015 progress note at issue. While the attending provider did recount some reported reduction in pain scores from 9/10 without medications to 5/10 with medications on that date, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing tramadol usage. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should "tailor medications and dosages" to the specific applicant. Here, however, the attending provider did not, in fact, tailor dosages to the specific applicant. The attending provider incongruously stated the dosage of tramadol that the applicant was using. A March 9, 2015 progress note suggested that the applicant was using tramadol 100 mg, while multiple other progress notes and RFA forms, including those dated August 18, 2014, August 7, 2014, and November 3, 2014, and November 13, 2014 all stated that the applicant was using tramadol 150 mg. The attending provider did not furnish a clear or compelling rationale for the discrepancy. Therefore, the request was not medically necessary.