

Case Number:	CM15-0066293		
Date Assigned:	04/14/2015	Date of Injury:	01/13/2012
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 1/13/2012. The current diagnoses are left shoulder impingement syndrome, left bicipital tendonitis, C2-C3 to C6-C7 disc bulge, C4-C5 to C6-C7 central canal stenosis, chronic pain adjustment disorder, anxiety, somatization, and gastroesophageal reflux disease. According to the progress report dated 3/16/2015, the injured worker complains of pain in the neck, left shoulder, and chest. The neck pain is a 5/10, it is sharp, constant, stinging and runs down his back between his shoulder blades; left shoulder pain is 3/10, it is dull; chest pain is dull, his rib hurt at times when he takes deep breaths. Treatment to date has included medication management, physical therapy, chiropractic, massage, acupuncture, and cognitive behavioral therapy. The plan of care includes prescription refill for Tramadol, Omeprazole, Nortriptyline, Naproxen, Pain Management Consult, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg qty: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92 and 93.

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 and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for several months. There was no indication that the claimant had failed Tylenol use. The claimant had been on Nortriptyline as well as Naprosyn. Pain level dropped from 8-5/10 with medication however, contribution of Tramadol cannot be determined. There was no mention of an attempt to wean. The continued use of Tramadol is not medically necessary.