

Case Number:	CM15-0073008		
Date Assigned:	04/23/2015	Date of Injury:	02/05/2013
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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, 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:

This is a 36 year old female patient who sustained an industrial injury dated 09/01/2011-07/26/2013 (cumulative trauma) and a second injury date of 02/06/2013. Her diagnoses included right knee patellofemoral dislocation, left shoulder partial rotator cuff, status post decompression, chronic cervical sprain/strain, rule out disc herniation, oblique tear of the supraspinatus tendon indicating a full thickness tear and status post left shoulder arthroscopy. Per the doctor's note dated 02/19/2015 she had complaints of persistent pain in cervical spine, left shoulder and right knee. She rates the pain as 5 on a scale of 1-10. Physical exam of the cervical spine revealed tenderness to palpation with full active range of motion. There was tenderness to palpation of the lumbar spine with limited range of motion. The right knee was tender to palpation with full extension and full flexion. The medications list includes ultram and topical analgesic cream. She has undergone left shoulder arthroscopic surgery on 2/13/2015. She has had left shoulder MRI dated 7/11/2013 which revealed oblique tear of the supraspinatus tendon indicating a full thickness tear. She has had post-operative therapy for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #90: Overturned

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 Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Ultram (Tramadol 50mg) #90 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had persistent pain in cervical spine, left shoulder and right knee with history of left shoulder surgery on 2/13/2015. She is noted to have significant objective evidence of abnormalities on physical exam- tenderness over the cervical spine, left shoulder and right knee and limited lumbar spine range of motion. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram (Tramadol 50mg) #90 is medically appropriate and necessary to use as prn during acute exacerbations.