

Case Number:	CM15-0076332		
Date Assigned:	04/27/2015	Date of Injury:	09/25/2011
Decision Date:	05/27/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey

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 56 year old male, who sustained an industrial injury on 09/25/2011. The initial complaints or symptoms included left shoulder injury/pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, x-rays, and left shoulder surgery (01/21/2013). Currently, the injured worker complains of increasing left shoulder pain (rated 7/10 in severity) with previous exam findings of a pain severity of 6/10. Previous clinical notes report that tramadol ER has enabled the discontinuation of immediate release opioid narcotic drug, and improvement in function. The diagnoses include status post left shoulder arthroscopy, and rule out impingement/rotator cuff pathology of the left shoulder. The request for authorization consisted of a retrospective request for tramadol (dispensed on 02/23/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Tramadol ER 150mg #60, two tablets daily dispensed on 02/23/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 71-73, 76-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was clear documentation of effectiveness of Tramadol at the requested dose and frequency, including functional gains and pain level reduction as well as no side effects reported with use. Interestingly, there was a urine drug screen from 1/6/2015 which did not detect any of the opioid medication supposedly being taken every day. There was no explanation found in the documentation as to why this might have resulted this way. There was no other evidence to suggest any aberrant misuse of the prescribed medications, however. In the opinion of this reviewer, however, there is more evidence to suggest appropriate use of Tramadol and without more confirmatory evidence of misuse besides an abnormal urine screen, the request for Tramadol ER will be considered medically necessary.