

Case Number:	CM15-0077180		
Date Assigned:	04/28/2015	Date of Injury:	01/28/2014
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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 32 year old male who sustained an industrial injury on 1/28/14. He has reported initial complaints of neck, left shoulder, left arm, left wrist and left ribcage injury while climbing a step ladder with a box and falling off the ladder three feet and then falling on his left side. The diagnoses have included cervicalgia, cervical radiculopathy, and cervical disc protrusion, left shoulder pain with impingement, left glenohumeral ligament laxity, bursitis and possible carpal tunnel. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, chiropractic and transcutaneous electrical nerve stimulation (TENS). The current medications included Motrin three times a day. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of pain in the neck and shoulder that is pulsating, stabbing and aching and radiates to left arm. He reports that he is using Motrin with some pain relief. He also reports difficulty with sleeping. The physical exam revealed positive Spurling test left shoulder, tenderness over the cervical spine, positive Hawkins and cross body test for left shoulder, Obrien's test was positive for left bicipital tendon with tenderness to palpation. The left wrist revealed positive Tinel's test. Treatment plan was for medications, diagnostics and epidural steroid injection (ESI). The physician requested treatment included Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

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

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 had been on Tramadol and Motrin for several months and had 7/10 pain. There was no significant improvement in pain or function and as a result, an ESI was requested. There was no mention of Tylenol or Tricyclic failure. Continued use of Tramadol is not medically necessary.