

Case Number:	CM15-0077518		
Date Assigned:	04/29/2015	Date of Injury:	10/02/2008
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: Connecticut, California, Virginia
 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 injured worker is a 54-year-old female, who sustained an industrial injury on 10/2/08. She reported initial complaints of right-sided low back and right shoulder pain. The injured worker was diagnosed as having low back pain; chronic pain syndrome; insomnia; reactive insomnia; right rotator cuff syndrome; myofascial pain syndrome. Treatment to date has included status post right shoulder arthroscopy with distal clavicle resection (12/29/10); status post right shoulder arthroscopy (7/2014); medications. Diagnostics included MRI lumbar spine (6/2/10); MRI right shoulder (3/10/14). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of pain levels being 8/10. She is taking Pamelor and it is causing an inability to fall asleep with multiple awakenings at night. She is not using her TENS unit due to needing patches and is taking Tramadol two times per day and her vision seems blurry. She is not working. The physical examination notes palpable tenderness to the bilateral levator scapulae muscles with muscle spasm and palpable tenderness to the sacroiliac joints right greater than left with muscle spasm. The treatment plan includes: an increase of Pamelor to 30mg in the morning instead of at night and decrease the Tramadol use if possible. The provider gave her TENS unit patches and will consider trigger point injections for low back and shoulders on next visit. The provider requested Tramadol Hydrochloride (HCL) 50mg, #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride (HCL) 50mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. In this case, the patient has been taking tramadol without strong evidence of improvement in pain. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the chronic nature of this case and the lack of evidence to support improvement in pain and function, based on the provided documents, the request is not medically necessary at this time.