MAXIMUS Federal Services

Case Number:	CM15-0097548		
Date Assigned:	05/29/2015	Date of Injury:	02/08/2006
Decision Date:	07/03/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 51 year old male, who sustained an industrial injury on 2/8/09. Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder internal derangement; lumbar spine degenerative disc disease; cervical spine musculo-ligamentous; bilateral upper extremity radiculopathy; right carpal tunnel syndrome. Treatment to date has included status post rotator cuff repair (2007); status post anterior cervical discectomy fusion (ACDF) on C5-C6 (9/21/11); chiropractic care; urine drug screening; medications. Diagnostics included MR right shoulder (3/13/15); X-Ray cervical spine (3/13/15). Currently, the PR-2 notes dated 1/7/15 indicated the injured worker was being seen on an emergent basis. He is seeing another provider for ongoing pain management but is no longer in the network and transferred to this office. He has been on medications which were helpful for his ongoing and breakthrough pain, especially with pain in his right shoulder and low back. He is requesting refills. The physical examination notes pain on palpation of the left shoulder. There is pain at the AC joint with decreased range of motion. Abduction is limited to 110 degrees, flexion 110 degrees. All movements elicit pain. There is positive impingement sign. The lumbar spine exam there is pain on palpation of the lumbar musculature with significantly decreased range of motion secondary to pain. There is positive straight leg raise bilaterally causing axial back pain. The provider is requesting refills on medications until he get him into a pain management specialist. The provider is requesting Tramadol ER 150mg #60. An April 15, 2015 report notes that medication regimen consists of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

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

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

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The injured worker is followed for chronic pain and the request for synthetic opioid tramadol is supported. The request for Tramadol ER 150mg #60 is medically necessary and appropriate.