MAXIMUS Federal Services

Case Number:	CM15-0098568		
Date Assigned:	05/29/2015	Date of Injury:	12/26/2006
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50-year-old female injured worker suffered an industrial injury on 12/26/2006. The diagnoses included chronic left shoulder pain, rule out internal derangement, right shoulder tenosynovitis and chronic low back pain. The diagnostics included right and left shoulder magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. On 4/1/ 2015the treating provider reported bilateral shoulder pain with the right rated as 1/10 and the left at 3/10. Without medications the pain was 7/10 and with medications the pain was 2/10. On exam, there was tenderness to both shoulders with reduced range of motion to the left shoulder only. The treatment plan included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78, 80-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram ½).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Tramadol 50mg #90 is medically necessary.