

Case Number:	CM15-0099438		
Date Assigned:	06/01/2015	Date of Injury:	01/04/2015
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 01/04/2015. She reported injuring her right shoulder while performing her usual and customary duties as a correctional officers. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right shoulder rotator cuff tear, right shoulder impingement syndrome, right shoulder subacromial bursitis, and right shoulder pain. Treatment and diagnostics to date has included negative right shoulder x-rays, physical therapy which is somewhat helpful, and medications. In a progress note dated 05/04/2015, the injured worker presented with complaints of severe pain in her right shoulder which she rated a 7-8 out of 10 pain level. Objective findings include right shoulder tenderness and decreased strength. The treating physician reported requesting authorization for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 05/04/14 progress report provided by treating physician, the patient presents with right shoulder pain rated 7-8/10. The request is for TRAMADOL 50MG QTY:60. Patient's diagnosis per Request for Authorization form dated 05/04/15 includes right shoulder rotator cuff tear, shoulder impingement, right shoulder pain, and shoulder subacromial bursitis. Physical examination to the right shoulder on 05/04/15 revealed tenderness to palpation over the subacromial space and acromioclavicular joint space. Positive Neer's and Hawkin's-Kennedy sign. Treatment to date included imaging studies, physical therapy and medications. Patient's medications include Minivelle, Livalo, Xanax, Norco, Naproxen and Cyclobenzaprine. The patient is temporarily totally disabled, per 05/04/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol is included in prescription order dated 05/04/15. It is not known when Tramadol was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. There is no documentation that patient has trialed other oral analgesics. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.