

<b>Case Number:</b>	CM13-0008979		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female who sustained a work injury on 1/12/2012 when she strained her right shoulder while pouring beef juice back into the beef cooker. The diagnosis relevant to this case includes: right shoulder adhesive capsulitis, right shoulder rotator cuff tear s/p repair, and right shoulder lateral epicondylitis status post lateral release. Per notes patient complains of right upper extremity and neck pain with restricted right shoulder range of motion and weakness. Treatments which she had include medications, physical therapy, acupuncture, H wave unit and right shoulder and elbow surgery. Per the provided documents there is no significant discussion on her treatment with tramadol.. Patient was initially on tramadol back in January and February 2012 and went off of this medication for unclear reasons while trying to control her pain with Norco, Percocet and Relafen. However per visit on 6/24/2013 patient was restarted on Ultram for pain control. The relevant issue is whether Tramadol 50mg 30 day supply is medically necessary or not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 30 day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,80,93-94.

**Decision rationale:** The MTUS Chronic Pain guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. After careful review of the medical records and documentation provided, Tramadol is not recommended for long term chronic therapy in this patient. Specifically, per progress notes patient's pain has been constant on and off of the Tramadol. There is no specific indication that this particular medication is helping patient with pain control or improvement in the functional status. The request for Tramadol 50mg 30 day is not medically necessary and appropriate.