MAXIMUS Federal Services

| Case Number: | CM13-0016418 | | |
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| Date Assigned: | 11/08/2013 | Date of Injury: | 05/05/2006 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 53 year old female who was injured on 5/5/06. The mechanism of injury was not provided for review. Prior treatment history has included Prilosec, Ultram ER, and Fexmid. The patient has undergone a course of postoperative physical therapy. The patient has undergone arthroscopic left rotator cuff repair, arthroscopic subacromial decompression, arthroscopic distal clavicle resection, and extensive debridement of superior degenerative type I superior labrum anterior and posterior tear of the left shoulder on 3/20/13. A drug screen panel done on 3/24/14 and 5/31/14 were negative for opiates. A PR-2 dated 2/10/14 documented the patient to have complaints of the left shoulder waking her frequently at night. The pain level is 8/10 with increased with lifting, pushing, pulling, and reaching. She wants revision surgery. With regard to the neck, right shoulder, bilateral forearm/wrist and left ankle pain, the patient has on and off flare-ups. Symptoms decreased with home exercise program and medications. Objective findings on examination of the left shoulder revealed postoperative changes as prior. Tenderness to palpation with trigger points and spasm is present over the periscapular musculature, subacromial region, and acromioclavicular joint. Impingement test and Cross Arm test are positive. Codman's Drop Arm test elicits slight breakaway weakness. Range of motion of the left shoulder is measured as follows: flexion is 150 degrees, extension is 40 degrees, abduction is 140 degrees, adduction is 40 degrees, internal rotation is 70 degrees and external rotation is 80 degrees. There is Grade 4/5 weakness in all planes. Diagnoses include right shoulder arthroscopy with massive rotator cuff repair, subacromial decompression, and distal clavicle excision and debridement, performed on 7/15/11 by [redacted]; and cervical spine musculoligamentous sprain/strain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF ULTRAM ER 150MG, QUANTITY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-94.

**Decision rationale:** As per the California MTUS guidelines, Ultram ER is a synthetic opioid affecting the central nervous system. It is recommended for moderate to severe pain. Further guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain reflief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, this patient has chronic pain and has been prescribed this medication chronically. There is documentation of monitoring the prescribed medications with urine drug screening collected on 5/31/13 and 3/24/14. The results were negative for opioids. Thus, due to lack of compliance with the prescribed opioid medication, the request for Ultram ER is not medically necessary and is non-certified.