

<b>Case Number:</b>	CM14-0018801		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 67 year old female who reported an injury on 11/26/12 secondary to a slip and fall. She was diagnosed with a rotator cuff tear and underwent a left shoulder arthroscopy on 6/19/13. The injured worker attended at least 28 post-operative physical therapy sessions as of the physical therapy note on 10/15/13. The injured worker was evaluated on 1/16/14 and reported ongoing left shoulder pain of unknown severity. On physical examination, she was noted to have tenderness upon palpation of the left shoulder with full range of motion and normal motor strength. Medications included Tramadol, Acetaminophen, and Voltaren Gel. It was also noted that the injured worker had completed two acupuncture sessions at the time of the evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 37.5MG, #120 WITH 0 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

**Decision rationale:** Tramadol is a synthetic opioid. The California MTUS Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. At the time of the request, the patient was only taking Tramadol; however, the duration of use is unclear based on the medical records submitted for review. As of 10/16/13, the injured worker was not prescribed this medication, and a urine drug screen on 11/19/13 displayed negative results for opioid use. The most recent clinical note fails to document evidence of quantifiable pain relief or objective functional improvement with the use of medications. It is unclear if a urine drug screen has been administered since the injured worker began using Tramadol as the duration of use is undocumented. Therefore, there is a lack of recent documentation to indicate that evidence-based criteria for continued opioid use have been met. As such, the request is not medically necessary.