

<b>Case Number:</b>	CM14-0120512		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Occupational 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:

Patients a 40-year-old woman who was injured on 4/20/12. There is a cumulative trauma injury to the right wrist, right shoulder and cervical spine. 6/27/14 pain management report indicates patient therefore follow up. Acupuncture did not help. She has complaints of pain in the shoulders and upper back. Pain severity is 7. Patient's functional limitations include avoiding going to work, socializing, exercising, performing household chores, participating in recreation, driving, doing yard work or shopping or caring for herself. Examination includes the patient appeared to be in no acute distress. She was ambulating without an assistive device. Range of motion the neck was full. There is some tenderness. Left shoulder examination was normal. Lower back examination did not document any significant abnormalities. There is some slight decreased strength in the left shoulder otherwise neurologically there was no deficit. Diagnoses were cervicalgia, disorders of the bursa and tendons in the shoulder region, disorder of initiating or maintaining sleep. Authorization for a right shoulder steroid injection was requested and the patient was to continue stretches and exercise. She was also given naproxen for twice a day use and omeprazole for twice a day use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 MG # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113, 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2  
Page(s): 76-80.

**Decision rationale:** This may be the initial prescription of the tramadol ER as it was not found to be mentioned in the previous reports over the past several months. Patient had been using naproxen and omeprazole for the past several months however. There is no mention of a trial of nonnarcotic medications for chronic pain such as a tricyclic antidepressant or antiepileptic drug. There is no mention of any trial for a short acting opiate before starting the extended-release opiate. The report does not document why this was chosen over the other medications. MTUS guidelines only support tramadol ER as a 2nd line analgesic. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.