

<b>Case Number:</b>	CM14-0130374		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 45 year old male with a reported date of injury on 01/11/2013. The mechanism of injury was trauma. The diagnoses included cervical spinal strain, lumbar spinal strain, and lumbar radiculitis. The past treatment included pain medication, physical therapy, and surgery. The MRI of the left shoulder on 03/11/2013 revealed multifocal partial tearing of supraspinatus tendon. The surgical history was left shoulder arthroscopic repair on 06/31/2013. On 07/23/2014, the subjective complaints were left shoulder, low back, and neck pain rated 7/10. The physical examination of the left shoulder showed that range of motion was flexion to 160 degrees, abduction to 160 degrees, external rotation to 80 degrees and internal rotation to 70 degrees. The medications included tramadol. The treatment plan was to refill tramadol. Documentation shows that he has been using Tramadol since at least 02/05/2014. The rationale was pain relief. The request for authorization form for Tramadol 50mg was dated 07/23/2014. However, a rationale and request for authorization form for Retrospective usage of Tramadol 50mg (DOS 7-23-14) was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of Tramadol 50mg (DOS 7-23-14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The MTUS Chronic Pain Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker had left shoulder, low back, and neck pain rated 7/10 without medications and with medication pain is documented as "better." The documentation failed to adequately quantify pain relief with medications, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen present. Additionally the request as submitted did not provide a frequency and quantity. The request for authorization for was dated on 07/23/2014 and the rationale is not clear as to why this is a retro request. As such, the request is not medically necessary.

**Tramadol 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The request for Tramadol 50mg is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker had left shoulder, low back, and neck pain rated 7/10 without medications and with medication pain is documented as "better" The documentation failed to adequately quantify pain relief with medications, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen present. Additionally the request as submitted did not provide a frequency and quantity. As such, the request is not medically necessary.