

<b>Case Number:</b>	CM14-0150846		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old female with a 5/10/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/5/14, the patient was seen for follow up status post reverse total surgery shoulder of right shoulder. He stated that he continued to improve, but still had some pain and felt that he had atrophy over the right shoulder musculature. Objective findings: tenderness over paracervical musculature, painful range of motion of cervical spine, tenderness in paralumbar musculature, painful range of motion of lumbar spine, well healed scar over right shoulder. Diagnostic impression: right shoulder status post reverse total shoulder replacement, cervical strain, biceps tendon rupture (right), radiculitis right upper extremity, lumbar strain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 8/8/14 denied the request for Tramadol ER. The patient has been on this medication since August of 2013 with no indication of functional benefit to support the continued use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL EP ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol HCL EP ER 150 mg #60 was not medically necessary.