

<b>Case Number:</b>	CM14-0153549		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Family Practice 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:

26 year old female claimant sustained a work injury on 3/17/13 resulting in right shoulder strain. A progress note on 9/27/14 indicated the claimant had painful reduced range of motion of the right shoulder. She had undergone H-wave therapy and Thermophore. Due to progressive worsening pain, an MRI was ordered. The claimant had been on Ultram (Tramadol) 50 mg q6hr for pain. An MRI on 9/5/14 showed supraspinatus tendinopathy. The following month the Tramadol was discontinued because it was not helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, it is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there was no evidence of Tylenol trial or failure. In addition, the Ultram was not

providing adequate pain control. There is limited evidence to support its use for shoulder pain. The Ultram was not medically necessary.