

<b>Case Number:</b>	CM14-0167085		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

The applicant is a 75 years old represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for Ultram, stating that Ultram should not be employed as a first-line agent here. The claims administrator did not state whether or not the applicant was working or not. The applicant's attorney subsequently appealed. In a progress note dated September 3, 2014, the applicant was given refills of Ultram and Naprosyn. The applicant was only able to use the injured shoulder quite minimally owing to issues with rotator cuff tear and acromioclavicular joint arthrosis. The attending provider noted that the applicant was reporting diminishing benefit from tramadol. The applicant was not working as the applicant's employer was unable to accommodate his limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #200 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is not working and is self-reporting diminishing analgesia with ongoing Ultram usage. The applicant's ability to use the shoulder remains minimal despite ongoing usage of the same. Therefore, the request is not medically necessary.