

<b>Case Number:</b>	CM14-0170139		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Internal 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:

post arthroscopy. Date of injury was September 5, 1999. Primary treating physician's progress report dated September 17, 2014 documented subjective complaints of shoulder pain. The patient had orthopedic complaints sustained in an industrial injury on September 5, 1999. The patient had a right shoulder injury. Right shoulder pain was reported. The patient has ongoing discomfort in his right shoulder. He states his symptoms are the same. He has constant aching pain. Excessive movement causes an increase in his discomfort. He has alleviation with walking and rest. The patient describes his pain at rest as a 7/10 and an 8/10 with activity. Surgery history included hernia repair and back surgery. No known drug allergies were reported. The patient is currently taking Ibuprofen 800 mg, Tramadol 50 mg, and Ranitidine 150 mg for pain relief. Side effects of the medication were discussed with the patient, which the patient is not experiencing. The patient is currently retired. Physical examination was documented. The patient is well developed, well-nourished individual appropriately dressed and groomed. The patient is alert and oriented with normal mood and affect. The patient walks with a normal gait and arm swing without assisted devices. Right shoulder was examined. Visual evaluation is unremarkable. There is tenderness to palpation anterior shoulder. Flexion is to 140, abduction is to 120, and internal and external rotation is to 70. There is 5/5 strength throughout all planes. The patient has a stable shoulder on examination. There is no edema, swelling, or varicosities noted. Evaluation reveals no change in skin color, texture, or temperature. There are no lesions present. Diagnoses were a history of right shoulder arthroscopy, April 4, 2000, and degenerative joint disease of the right shoulder. He is permanent and stationary. Treatment plan was addressed. The patient was provided with prescription refills for Zantac and Ultram 50 mg one tablet every 8 hours. The patient finds the medication to be effective for pain relief and it improves the patient's ability to

perform daily activity. The patient is not noted to have any abnormal drug seeking behavior. Utilization review determination date was 10/3/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50 mg # 81:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids Page(s): 93-94, 113, 123, 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient is status post shoulder arthroscopic surgery. The patient has pain and objective evidence of pathology on physical examination. The patient finds the medication to be effective for pain relief and it improves the patient's ability to perform daily activity. The patient is not noted to have any abnormal drug seeking behavior. Medical records document stable use of medications and objective evidence of significant pathology. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram 50 mg # 81 is medically necessary.