

<b>Case Number:</b>	CM14-0175073		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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:

The patient is an injured worker with right shoulder rotator cuff tendinitis with impingement. Date of injury was 02-26-2012. Regarding the mechanism of injury, the patient's injury occurred while moving a pan of food. Progress report dated 10/28/14 documented to subjective complaints of ongoing pain in her right shoulder. She has pain in her neck, low back and right hip. Patient complains of numbness and tingling in the left hand and left foot. Past medical history included anemia and high blood pressure. Objective findings were documented. Diagnostic impressions included small disc herniations at C2-C3, C4-C5, C5-C6, and C6-C7; moderate disc herniation at C3-C4; lumbosacral sprain with radicular symptoms; and right shoulder rotator cuff tendinitis with impingement. The patient reported that she has received multiple cortisone injections in the right shoulder with no pain relief. She has completed extensive therapy for the shoulder with no improvement in her condition. The patient continues to be symptomatic with pain, limited range of motion and positive impingement signs despite completing multiple methods of conservative treatment, including therapy and cortisone injections. There is MRI magnetic resonance imaging evidence of rotator cuff tendinitis and impingement. Treatment plan included a request for right shoulder arthroscopy. The patient continues to have pain in the shoulder with significant limitation of range of motion. Conservative treatments, including a previous shoulder injection, have failed the patient. On the patient's shoulder MRI, the patient has impingement tendonitis. Shoulder arthroscopy with acromioplasty, possible Mumford procedure, and possible rotator cuff repair was requested. The patient has positive findings on physical exam, and possesses positive findings on MRI. Utilization review determination date was 10/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram, Ultram ER,) Page(s): 93-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) 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 had pain and objective evidence of pathology. Diagnoses included cervical spine intervertebral disc herniations, lumbosacral sprain, and right shoulder rotator cuff tendinitis with impingement. The patient was symptomatic with shoulder pain, significant limitation of range of motion, and positive impingement signs. There was MRI magnetic resonance imaging evidence of rotator cuff tendinitis and impingement tendonitis. Right shoulder arthroscopy surgery was requested on 10/28/14. Medical records indicate stable use of the medication Ultram without adverse effects. 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 50mg #120 is medically necessary.