

<b>Case Number:</b>	CM14-0178824		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/15/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 a 69 year old who had a work injury dated 3/15/09. The diagnoses include left shoulder osteoarthritis; cervical degenerative disc disease, myofascial pain, cervicgia. Under consideration are requests for 1 Prescription for Ultram ER 50mg #180 for right shoulder pain. There is a 9/30/14 handwritten mostly illegible document that states that the patient is here for medication refills. The patient ran out of meds the day prior. The document states that the patient saw the QME "said I was hooked on drugs. Shoulder ok." The pain is 8/10 with no meds and 5/10 with meds. The treatment plan includes medication refills. The documentation physician states that the patient is neither an addict or hooked on medications or physically dependent on medications. There is a mostly illegible 6/12/14 handwritten document that states that the patient does not do anything except sit home and watch TV. The treatment plan states that meds are helping-Ultram. There is a 2/27/14 document that states that the patient has cervical tenderness and spasms with pain 8/10 with meds and 10/10 without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for ultram ER 50mg #180 for right shoulder pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol ; On-Going Management Page(s): 93-94; 78-80.

**Decision rationale:** 1 Prescription for Ultram ER 50mg #180 for right shoulder pain is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines states that Tramadol is a synthetic opioid affecting the central nervous system. The MTUS states that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol without significant functional improvement or improvement in pain therefore the request for 1 Prescription for Ultram ER 50mg #180 for right shoulder pain is not medically necessary.