

<b>Case Number:</b>	CM14-0179958		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 underlying date of injury in this case is 04/12/2000. The date of the utilization review under appeal is 07/03/2014. On 07/02/2014, the patient was seen in orthopedic surgical primary treating physician followup regarding multilevel cervical degenerative disc disease and a history of status post right shoulder rotator cuff repair x2 with residuals and a left rotator cuff repair. The patient reported continued complaints of neck pain and stiffness, bilateral shoulder pain. The patient complains of pain in the little finger and the thumb, worse with grasping or gripping. The treating physician refilled Ultram 50 mg b.i.d. with 2 refills. The treating physician noted that the patient's neck and shoulder symptoms were stable. Previously on 04/23/2014, the treating physician noted the patient had reported definite improvement in neck pain and stiffness with an adjunct of physical therapy. The patient was prescribed Ultram 50 mg 1 tab b.i.d. #60 with 2 refills at that time. An initial physician review in this case noted that the medical records reported continued worsening symptoms of neck and shoulder pain suggesting the Ultram did not lead to improvement in pain or function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Osteoarthritis Page(s): 63.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses tramadol in a section of pertinence in this case on page 83, opioids for osteoarthritis. That section discusses the goal to initiate opioid treatment with weak opioids such as tramadol. The prior physician review states that there was not clear evidence of efficacy from tramadol. The medical records indicate in multiple locations that the patient's pain was stable. Indeed, despite a complex orthopedic situation, there is no indication of escalation of opioid use. Ultram as a weak opioid based on the treatment guidelines and the dose requested is a low dose as well. The requested tramadol of 50 mg twice per day or 100 mg per day represents 10 morphine-equivalent mg per day or 1/6 the threshold dosage of 120 mg per day of concern in the treatment guidelines. For a patient to be stable on such a low opioid dosage while undergoing chronic orthopedic treatment is consistent with the treatment guidelines. This request is medically necessary.