

<b>Case Number:</b>	CM14-0024879		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 44-year-old gentleman who was reportedly injured on October 11, 2011. The mechanism of injury was stated to be a slip and fall. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of cervical and lumbar spine pains as well as bilateral shoulder pain, difficulty sleeping, stress, anxiety and depression. There was stated to be problems with activities of daily living, and that the injured employee had not reached the full potential in therapy for the left shoulder. The physical examination demonstrated tenderness of the cervical paraspinal muscles and decreased cervical range of motion. Examination of the left shoulder noted tenderness over the rotator cuff area and AC joint. There was a positive left shoulder impingement sign and decreased left shoulder range of motion. Examination of the right shoulder noted full active range of motion and minimal soreness. There was a normal upper extremity neurological examination. Examination of the lumbar spine noted tenderness of the paravertebral muscles and a positive left-sided straight leg raise test of 60. There was decreased lumbar spine range of motion, and decreased sensation at the left L5 dermatome. There was a diagnoses of status post lumbar laminectomy and foramenotomy at L5-S1 with left lower extremity weakness. There was also a diagnoses of status post left shoulder arthroscopic surgery, with residual fibrous ankylosis of the shoulder joint. Previous treatment includes physical therapy, the use of a TENS unit, a hot/cold therapy unit, as well as surgery for the lumbar spine and the left shoulder. A request had been made for Tramadol and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TRAMADOL ER 150 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** The injured employee had previously been on a long-term prescription of Norco although part of that time could have been in the postoperative setting for either the lumbar spine, the left shoulder or both. There has been no mention that these surgeries were unsuccessful and thus requiring continued opioid usage with Tramadol. There was no mention in the most recent note in the medical record regarding the injured employee's improvement over baseline with opioid medications. Nor has there been discussion of increased level of function or improved quality of life while taking these medications in the past. Without this particular justification, this request for tramadol is not medically necessary.