

<b>Case Number:</b>	CM14-0030557		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 02/13/2012 caused by unspecified mechanism of injury. The injured worker had a history of lower back pain that radiated to the hips and neck pain, which radiated to the shoulders and shoulder pain. The injured worker had a diagnoses of overuse syndrome of the bilateral upper extremities, status post carpal tunnel release of the bilateral wrists, left shoulder partial tear rotator cuff, capsulitis of the left shoulder, and a musculoligamentous strain of the lumbar spine with lower extremity radiculitis. The MRI dated 08/02/2012 revealed moderately severe tendinosis of the right shoulder. The MRI of the left shoulder dated 11/01/2012 showed a focal full thickness tear at the anterior aspect of the supraspinatus tendon. The MRI of the lumbar spine dated 08/02/2012 revealed a disc bulge at the L4-5 with bilateral neural foraminal narrowing at the L5-S1. On 11/06/2013, the injured worker had a status post left shoulder arthroscopy with a partial resection of the glenoid labrum. The past treatment included a lumbar spinal steroid injection dated 2013 with no results given. The medication included aspirin, Celebrex, and Mobic. The clinical notes dated 02/12/2014 revealed a pain level of 5/10 using the VAS. The injured worker had a selective transforaminal epidural injection on 08/14/2013, noting it was at the L4-5 with a reported 75% relief of pain lasting x2 months. The injured worker was able to increase his activity and his ambulation. Medications included tramadol 50 mg and a proton pump inhibitor. The injured worker also had 10 sessions of physical therapy, with increased range of motion, flexibility, mobility, and he was able to take less medication. The treatment plan included home exercise/physical therapy on a regular basis, urine drug testing, and follow-up with the physician, possible cervical epidural steroid injection at the C3-7, and request for a repeat selective transforaminal epidural injection.

The request for authorization was not submitted with the documentation. The rationale was not given for the tramadol.

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

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

**Tramadol 50mg, #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. Decision based on Non-MTUS Citation Official Disability Guidelines TWC 2014 Pain, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 113.

**Decision rationale:** The request for tramadol 50 mg quantity 200 is not medically necessary. The California MTUS Guidelines state tramadol (Ultram) is a centrally acting synthetic opiate and analgesic and is not recommended as a first line oral analgesic. Per the clinical notes, the injured worker reduced his pain level at 75% and the injured worker showed improvement with therapy. The documentation indicated that the injured worker had physical therapy; however, the clinical notes were not included in the documentation for review. Therefore, the request is not medically necessary.