

<b>Case Number:</b>	CM14-0049965		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

This 66 year-old patient sustained an injury on 4/20/11 while employed by [REDACTED]. Request under consideration include 60 Tablets of Tramadol HCL 50 mg. Diagnoses include right shoulder impingement syndrome, cervical radiculopathy, left shoulder injury, and lumbar spinal stenosis. Conservative care has included chiropractic treatment, physical therapy, medications, TENS unit, diagnostic X-rays/MRI and activity modification/rest. Report of 3/13/14 from the provider noted the patient with continued right shoulder pain. Current medications list Naproxyn, Norco, Triamterent, Amlodipine, Levothyroxine, and Lipitor. Pain complaints was noted to be well-controlled on current regimen of Norco with improvement in function and ALDs and pain level decreased from 8-9/10 to 2-3/10. Report of 4/7/14 noted continued right shoulder pain "which is well controlled with current medication Norco." "He has improvement in function, ADLS, as well as quality of life due to this medication." Again, pain level decreased to 2-3/10. Exam was unchanged with intact motor strength and sensation throughout extremities without paraspinal spasm noted. Medication did not list Tramadol and the patient remained P&S. The request for 60 Tablets of Tramadol HCL 50 mg was non-certified on 4/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Tramadol HCL 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects  
Page(s): 74-96.

**Decision rationale:** This 66 year-old patient sustained an injury on 4/20/11 while employed by [REDACTED]. Request under consideration include 60 Tablets of Tramadol HCL 50 mg. Diagnoses include right shoulder impingement syndrome, cervical radiculopathy, left shoulder injury, and lumbar spinal stenosis. Conservative care has included chiropractic treatment, physical therapy, medications, TENS unit, diagnostic X-rays/MRI and activity modification/rest. Report of 3/13/14 from the provider noted the patient with continued right shoulder pain. Current medications list Naproxyn, Norco, Triamterent, Amlodipine, Levothyroxine, and Lipitor. Pain complaints was noted to be well-controlled on current regimen of Norco with improvement in function and ADLs and pain level decreased from 8-9/10 to 2-3/10. The request for 60 Tablets of Tramadol HCL 50 mg was non-certified on 4/10/14. Report of 4/7/14 noted continued right shoulder pain "which is well controlled with current medication Norco." "He has improvement in function, ADLs, as well as quality of life due to this medication." Again, pain level decreased to 2-3/10. Exam was unchanged with intact motor strength and sensation throughout extremities without paraspinal spasm noted. Medication did not list Tramadol and the patient remained P&S. It is unclear if pain is controlled on Norco yet another short-acting opioid of Tramadol is currently being requested. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent significant pain. The 60 Tablets of Tramadol HCL 50 mg is not medically necessary and appropriate.