

<b>Case Number:</b>	CM14-0050194		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/17/2014
<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 & Rehabilitation and is licensed to practice in Texas & Ohio. 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 56-year-old female who reported a repetitive motion injury on 08/11/2010. On 02/28/2014, she complained of bilateral shoulder pain. Her left shoulder ranges of motion were limited on external rotation, measured in degrees at 45/90 and internal rotation at 40/90. Her diagnoses included bilateral shoulder pain and a left shoulder rotator cuff tear. On 10/29/2013, her medications included tramadol and terocin patches. On 10/29/2013, it was noted that she was being prescribed Nucynta for her pain, which continued at least through 04/11/2014. No dosage or frequency of the administration was noted for the Nucynta or the tramadol. The rationale for the requested tramadol states that it relieved her pain to the point where she could carry out activities of daily living, such as brushing her teeth, combing her hair and working at the clothing shop. There was no Request for Authorization included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCl 200mg 1 tab every day #30 for symptoms related to the left shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG)www.RxList.comwww.Online.epocrates.comwww.empr.comwww.agencymeddirectors.wa.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), and Opioids Page(s): 74-95, 113.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, the intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substitute for, the less efficacious drugs. Long-term use may result in immunological or endocrine problems. Tramadol is a centrally-acting synthetic opioid analgesic, and is not recommended as a first-line oral analgesic. There is no documentation in the submitted chart to attest to appropriate long-term monitoring or evaluations including psychosocial assessments; side effects; failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants; quantified efficacy; drug screens or collateral contacts. The dosage of the Nucynta that the injured work is taking is unknown. Without knowing the dosage of both opioid medications, morphine equivalent dosage cannot be calculated. Therefore, the request for tramadol hydrochloride 200 mg 1 tab every day #30 for symptoms related to the left shoulder is not medically necessary and appropriate.