

<b>Case Number:</b>	CM14-0074685		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 55 year-old injured worker sustained an injury on 3/24/08 while employed by [REDACTED]. Request under consideration include Tramadol 50mg #60. Diagnoses include shoulder adhesive capsulitis; rotator cuff syndrome/ disorders. Report of 5/9/14 from the provider noted continued pain complaints of neck and shoulder. Current medications list Percocet, cyclobenzaprine, Prilosec, Lisinopril, Amlodipine, and Levothyroxine. Exam only identified general appearance WN/WD, good grooming and personal hygiene with normal mood and affect. Diagnoses were adhesive capsulitis s/p left arthroscopic capsular release; impingement syndrome s/p left arthroscopic acromioplasty and Mumford procedure; and SS cervical. Treatment for medication refills of Cyclobenzaprine and Prilosec; start Norco and stop Tramadol. Report of 7/10/14 from the provider noted continued pain complaints of neck and shoulder. Current medications list Vicodin, Prilosec, Lisinopril, Amlodipine, and Levothyroxine. Exam only identified general appearance WN/WD, good grooming and personal hygiene with normal mood and affect. Diagnoses were adhesive capsulitis s/p left arthroscopic capsular release; impingement syndrome s/p left arthroscopic acromioplasty and Mumford procedure; and SS cervical. Treatment for medication refills of Vicodin and Prilosec. Report of 9/28/14 from the provider noted the injured worker with ongoing chronic pain and stiffness of shoulder with overhead and other activities, relieved with rest and medications. No objective clinical physical exam was documented with review of multiple diagnostics. Diagnoses were unchanged with treatment for Prilosec. The request(s) for Tramadol 50mg #60 was modified for #20 for weaning on 5/6/14 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:

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 74-96.

**Decision rationale:** 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 change in 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 opioids with persistent severe pain. The request for Tramadol 50mg #60 is not medically necessary.