

<b>Case Number:</b>	CM14-0075650		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii and 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 case is a 60 year old female with a date of injury on 7/7/2009. A review of the medical records indicate that the patient has been undergoing treatment for right shoulder pain, adhesive capsulitis of the right shoulder, cervical sprain, lumbar sprain, canal/neural foraminal stenosis of L3-4, and lumbar disc protrusion. Subjective complaints (4/2014) neck pain with radiation to right shoulder, low back pain, bilateral leg pain and spasms. Objective findings (4/2014) tenderness to neck and lumbar palpation, tenderness to right shoulder, decreased range of motion to right shoulder. Treatment has included right shoulder surgery (2007), Tramadol, Synovacin, and Flexeril. A utilization review dated 5/20/2014 determined the following: -partially approved a request for Tramadol 50mg #30 (original was #60)-denied a request for Synovacin 500mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94,78-80,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of Opioids should not be employed until the patient has failed a trial of Non-Opioid Analgesics. Before initiating therapy, the patient should set goals, and the continued use of Opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of Non-Opioid Analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol 50mg #60 is not medically necessary.