

<b>Case Number:</b>	CM14-0087267		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 and Washington. 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 male who reported an injury on 09/28/2011. The mechanism of injury was a slip and fall. The diagnoses include sprain/strain of the neck, neuralgia, neuritis, radiculitis, thoracic sprain/strain, lumbar sprain/strain. Previous treatments included trigger point injections, medication, and physical therapy. Diagnostic imaging included an MRI and EKG. In the clinical note dated 03/17/2014, it was reported the injured worker complained of chronic pain in the left shoulder, which has improved since surgery. On physical examination, the provider noted increased range of motion on elevation and upper extremity on the left side against the gravity. The request as submitted is for Tramadol 150mg 2units/days. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg 2units/days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medication Page(s): 74-95,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for Tramadol 150mg 2units/days is non-certified. The injured worker complained of chronic pain in the left shoulder, which has improved since left rotator cuff repair. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 09/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.