

<b>Case Number:</b>	CM14-0090231		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/17/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 70-year-old woman who sustained a work related injury on July 17, 2003. Subsequently, she developed chronic right shoulder pain. Originally, the patient was diagnosed with a clavicle fracture and received injection therapy for the pain. As her symptoms persisted, an MRI of the shoulder was performed and she was diagnosed with a rotator cuff tear. The patient was recommended to undergo surgical intervention, which she did so in 2004. Postoperatively, she went through therapy. According to a progress report dated May 13, 2014, the patient has been complaining of right shoulder gridle pain, which is intermittent, rated at 5 to 6/10 mostly, and 8 to 9/10 at its worst, with pain radiating to the right trapezius and right side of the neck. No numbness or tingling in the arm. Pain is worse with reaching, lifting, pushing, and pulling. Her objective findings revealed right shoulder pain with reduced range of motion. The left shoulder was normal. Her mental status and cranial nerves were intact. Her right shoulder strength was 5-/5 and left was 5/5. Her elbow and wrist strength were normal. She had intact C6, C7, and C8 dermatomes. She had normal reflexes and negative Hoffman's test bilaterally. Her current medications include Tylenol/Advil and Ultracet. The provider requested authorization for the use of Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #30, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (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) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. Ultram has been used for a long time in this patient without any continuous documentation of pain reduction and functional improvement. Furthermore, there is no documentation that the patient is compliant with his medication. As such, the request is not medically necessary.