

<b>Case Number:</b>	CM14-0114733		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Family Practice, 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 is a 45-year-old with a work related injury dated July 31, 2008. The physician's visit documentation dated June 11, 2014 showed the worker was experiencing left shoulder pain radiating into the left arm, bilateral wrist pain with the left worse than the right. The worker reported that the pain was worsening in the shoulder and was rated seven to eight on a scale of ten. Exacerbating factors included prolonged sitting, driving and lying down. Physical exam was remarkable for tenderness upon palpation of the left shoulder and bilateral wrists. Range of motion of bilateral wrists and left shoulder was painful and resistive. Clonus and Babinski's signs were absent bilaterally, muscle strength was normal. Diagnoses at this visit included left shoulder internal derangement and impingement, left and right wrist internal derangement, left wrist pain, left shoulder sprain/strain and bilateral repetitive upper extremity injury. Treatment plan included an updated magnetic resonance imaging of the left shoulder to evaluate increased pain, an orthopedic consultation and refill of Tramadol prescription. The utilization review decision dated June 20, 2014 for Tramadol 37.5/325mg twice daily as need, count 60 with one refill was modified to allow Tramadol 37.5/325mg as needed, count 45 with no refill. The rationale for non-coverage was based on the CA MTUS, Chronic Pain Treatment Guidelines which states that ongoing use of opioid analgesics requires ongoing review of pain relief, functional status, appropriate medication use and side effects. The documentation reviewed did not reflect ongoing assessment, nor did it document how long the worker had been on this medication. The documentation reviewed showed the worker was taking Tramadol as far back as February 4, 2013 and there was no pain assessment given with this reference. This medication is also not indicated as a first line medication and the documentation did not reflect any other medication was used. The modified request was to allow for weaning of the medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325 mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92 and 93.

**Decision rationale:** Opioid analgesics and Tramadol have been suggested as a second-line treatment. According to the guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There a lack of evidence to support long term use. The claimant had been on Tramadol for several months and there was no indication of Tylenol or NSAID failure. The claimant also had persistent high level of pain (7/10) despite using Tramadol. Continued and prolonged use without monthly assessments is not medically necessary. Therefore the Tramadol prescribed as above with one month refill is not medically necessary.