

<b>Case Number:</b>	CM14-0187511		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72-year-old female who reported an injury on 06/15/2003. The mechanism of injury was the injured worker's client suddenly lost his balance, grabbed the injured worker's right arm and did not let go, which resulted in injury to the right shoulder. The injured worker underwent shoulder to the right shoulder and wrist. The injured worker underwent physical therapy. The injured worker underwent acupuncture. The injured worker had psychological treatment. The injured worker's medication history included opioids. The documentation of 03/09/2015 revealed the injured worker had oral surgery and was not getting her medications. The injured worker was noted to be in some distress. The injured worker was noted to have no evidence of aberrant drug behaviors. The injured worker was noted to be benefitting from opioid therapy. The most recent documentation indicated the injured worker would start on Nucynta IR 50 mg 1 every 4 to 6 hours, Lidoderm patches and Lunesta 3 mg. There was a Request for Authorization submitted for review dated 03/10/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg SIG: 1 daily; Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review documented the injured worker had functional benefit and decreased pain. However, there was a lack of documentation of specific objective functional improvement and an objective decrease in pain. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of exceptional factors. Given the above, the request for tramadol 150mg SIG: 1 daily; qty: 30 is not medically necessary.