

<b>Case Number:</b>	CM14-0197491		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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:

The patient is a 56 year old male with date of injury 10/21/09. The treating physician report dated 10/14/14 (205) indicates that the patient presents with pain affecting bilateral shoulders, bilateral wrists, right hip and right knee. The physical examination findings reveal tenderness to palpitation over the right shoulder, anterior, superior aspect, upper trapezius, rhomboids and lateral posterior shoulder aspect. Left shoulder reveals tenderness to palpitation over the right shoulder, anterior, superior aspect, upper trapezius, rhomboids and lateral posterior shoulder aspect. Right knee shows tenderness to palpitation over the bilateral joint lines of the right knee with crepitus. Prior treatment history includes x-ray, MRI, physical therapy, arthroscopic repair of the rotator cuff in the left shoulder and arthroscopic surgery to the right knee. MRI findings reveal status post tendon to bone rotator cuff repair with a near full thickness re-tear of the distal supraspinatus fibers with torn undersurface fibers retracted 1.8 cm, severe tendinosis and high grade partial thickness undersurface tearing of the distal subscapularis tendon, full thickness tear of the intracapsular portion of the proximal long head of the biceps tendon and superior labral tear with extending into the anterior superior labrum. The current diagnoses are: 1.Right/left shoulder impingement with rotator cuff tendinopathy2.Status post left shoulder arthroscopic surgery3.Right and left carpal tunnel syndrome4.Hernia repair5.Status post right knee arthroscopy6.Stress, anxiety and depression7.Possible sleep disorderThe utilization review report dated 10/30/14 denied the request for Tramadol APAP 50 mg #60 based on lack of evidence of a trial of non-opioid analgesics as well as no functional assessments being made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol APAP 50mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

**Decision rationale:** The patient presents with pain affecting bilateral shoulders, bilateral wrists, right hip and right knee. The current request is for tramadol APAP 50 mg #60. The treating physician states that pain is worse with movement of bilateral shoulders, bilateral wrists, right hip and right knee. The MTUS guidelines state, "Tramadol is indicated for moderate to severe pain." The MTUS guidelines go on to state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, an assessment of pain and functioning has not been provided by the physician. Documentation of analgesia, ADLs, adverse side effects and aberrant behavior has not been provided. Recommendation is for denial.