

<b>Case Number:</b>	CM14-0204094		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/25/2012. Per primary treating physician's progress report dated 10/22/2014, the injured worker complains of left shoulder weakness and left elbow pain. Pain is increased with lifting, pushing and pulling. Pain is reported at 7-8/10 and described as moderate, frequent, and sharp with weakness. On examination the left shoulder reveals as well-healed scar as prior. There is tenderness to palpation over the acromioclavicular joint, subacromial region and trapezius muscles. Range of motion of the left shoulder is measured as flexion 155 degrees, extension 40 degrees, abduction 135 degrees, adduction 42 degrees, internal rotation 70 degrees, and external rotation 82 degrees. There is grade 4/5 muscle weakness with flexion, external rotation and abduction. Examination of the left elbow reveals tenderness to palpation over the lateral epicondyle. Cozen's test is positive. There is no laxity. Range of motion of the left elbow is measured as flexion 140 degrees, extension 0 degrees, pronation 80 degrees and supination 80 degrees. Diagnoses include 1) lumbar musculoligamentous sprain/strain with left lower extremity radiculitis with x-ray dated 5/21/2012 revealing mild degenerative disc disease at L4-5 and L5-S1 2) left shoulder strain, impingement and tendinitis with normal diagnostic ultrasound study dated 6/27/2013, status post left shoulder arthroscopy on 4/9/2014, extensive labral and rotator cuff debridement 3) left elbow lateral epicondylitis with dynamic cubital tunnel syndrome and suspected subluxing ulnar nerve 4) complaints of headaches 5) complaints of gastrointestinal distress secondary to medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to have had physical therapy and currently has a home exercise program. The treatment plan includes additional therapy for persistent weakness and a cortisone injection to the left elbow lateral epicondyle. Prescribed medications include Tramadol, Prilosec, and Cyclobenzaprine. There is no mention of the efficacy of Tramadol with the injured worker in terms of degree of pain reduction or objective functional improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Ultram 50mg #120 is not medically necessary.