

<b>Case Number:</b>	CM14-0207284		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Florida. 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 44-year-old male with a date of injury of 9/27/2011. The mechanism of injury is described as a trip and fall. He has complaints of neck pain, upper back pain, and bilateral shoulder pain. X-rays were performed and described as nondiagnostic. A 10/29/2011 MRI of the cervical spine showed C3-C4, C4-C5, and C5-C6 minimal posterior disc bulging. At C6-C7 mild left neural foraminal narrowing and some mild canal stenosis secondary to a 2 to 3 mm posterior disc bulge was noted. A 10/29/2011 Left Shoulder MRI documented a focal full thickness tear of the supraspinatus tendon at its insertion and infraspinatus tendinitis. Acromioclavicular joint arthrosis was also noted. Shoulder surgery was recommended and performed arthroscopically on 2/12/2014. Prior treatment has included acupuncture and medications. Diagnoses include Left shoulder impingement syndrome, acromioclavicular cartilage disorder, subacromial/subdeltoid bursitis, and right and left carpal tunnel syndrome clinically. An 11/3/2014 physical exam noted diminished right shoulder range of motion in all planes, significant tenderness to palpation over the right acromioclavicular space and right subacromial bursa, and mild tenderness to palpate over left subacromial bursa. Orthopedic testing revealed positive Neer's sign over bilateral shoulders, and positive Hawkins-Kennedy sign is noted to be positive over both shoulders. A utilization review physician did not certify a request to continue Tramadol. Therefore, an Independent Medical Review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #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 Criteria for use of opioids.

**Decision rationale:** In accordance with California MTUS guidelines, opioids for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that opioids be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there has been no objective evidence of improved pain or functioning. Therefore, this request for Tramadol is not medically necessary.