

<b>Case Number:</b>	CM15-0102524		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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

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 64 year old female who sustained an industrial injury on 01/22/2010. Mechanism of injury occurred when lifting a heavy bucket of water and she had a sudden onset of pain in her non-dominant left shoulder. Diagnoses include chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome and depression. She is status post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty and debridement of a partial thickness rotator cuff tear on 10/11/2010. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, and acupuncture. A physician progress note dated 11/06/2014 documents the injured worker has restricted range of motion of the left shoulder, with 1+ crepitus. She was continued on Tylenol #4 and Tramadol. On 03/10/2015 documents, the injured worker has restricted range of motion of the left shoulder and was continued on Tylenol# 4 and Ultram. On 04/10/2015 a physician progress note documents she has complains of frequent, moderate, dull left shoulder pain, which intermittently increases to moderately severe. Her pain is relieved with medications and rest. Left shoulder range of motion is restricted. She has 2+ tenderness present to palpation of the anterior border of the left acromion. She has pain with left shoulder motion. Treatment requested is for Retrospective (DOS: 01/06/15) Tramadol 50mg #60, Retrospective (DOS: 01/06/15) Tylenol #4 #60, Retrospective (DOS: 03/10/15) Tramadol 50mg #60, and Retrospective (DOS: 03/10/15) Tylenol #4 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 03/10/15) Tylenol #4 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 82, 124. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examination and Consultations, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60.

**Decision rationale:** The patient presents with left shoulder pain. The request is for TYLENOL NO. 4 #60, DOS 03/10/15. The patient is status post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty, and debridement of a partial thickness rotator cuff, performed on 10/11/10. The provided RFA is dated 01/06/15. Diagnoses include chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome and depression. Current medications include Tylenol #4, Ultram, Relafen and Protonix. The patient is permanently partially disabled and is working modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Treater did not provide a reason for the request. In this case, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's.

Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Retrospective (DOS: 01/06/15) Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78, 80-81, 82, 124. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examination and Consultations, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with left shoulder pain. The request is for Tramadol 50mg #60, DOS 01/06/15. The patient is status post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty, and debridement of a partial thickness rotator cuff, performed on 10/11/10. The provided RFA is dated 01/06/15. Diagnoses include chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome and depression. Current medications include Tylenol #4, Ultram, Relafen and Protonix. The patient is permanently partially disabled and is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "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 adverse 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. Treater did not provide a reason for the request. While I understand, the medication allows the patient to work with restrictions. The treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Retrospective (DOS: 03/10/15) Tramadol 50mg #60: Upheld**

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with left shoulder pain. The request is for Tramadol 50mg #60, DOS 03/10/15. The patient is status post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty, and debridement of a partial thickness rotator cuff, performed on 10/11/10. The provided RFA is dated 01/06/15. Diagnoses include chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome and depression. Current medications include Tylenol #4, Ultram, Relafen and Protonix. The patient is permanently partially disabled and is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "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 adverse 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. Treater did not provide a reason for the request. While I understand, the medication allows the patient to work with restrictions. The treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Retrospective (DOS: 01/06/15) Tylenol #4 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 82, 124. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examination and Consultations, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60.

**Decision rationale:** The patient presents with left shoulder pain. The request is for TYLENOL NO. 4 #60, DOS 01/06/15. The patient is status post left shoulder arthroscopy, subacromial decompression, anterior acromioplasty, and debridement of a partial thickness rotator cuff, performed on 10/11/10. The provided RFA is dated 01/06/15. Diagnoses include chronic left shoulder sprain, rotator cuff tendonitis with a small partial thickness rotator cuff tear, degenerative arthritis of the acromioclavicular joint, impingement syndrome and depression. Current medications include Tylenol #4, Ultram, Relafen and Protonix. The patient is permanently partially disabled and is working modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Treater did not provide a reason for the request. In this case, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.