

<b>Case Number:</b>	CM15-0105747		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/30/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 59 year old female who sustained an industrial injury on 05/30/2009. Treatment provided to date has included: physical therapy, multiple surgeries, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. Other noted dates of injury documented in the medical record include: 04/29/2009, and cumulative trauma 05/01/1992 to 05/30/2009. There were no noted comorbidities. On 04/27/2015, physician progress report noted complaints of bilateral shoulder pain (right greater than left) with use, and limited range of motion. No pain rating or description was mentioned. Additional complaints include constant right wrist pain, intermittent left wrist pain, swelling and numbness to the right wrist, neck stiffness/tightness when turning to the left, radiating pain from neck to the right shoulder, constant low back pain and stiffness, pain and cramping in the bottom of both feet, and left ankle pain and swelling with weight bearing or walking. Current medications include hydrocodone, omeprazole, tramadol, and cyclobenzaprine. The physical exam revealed tenderness over the posterior superior iliac spines bilaterally. The provider noted diagnoses of right shoulder rotator cuff tear, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis-status post left release, bilateral trigger finger (3rd fingers)-status post bilateral releases, tendinitis to the left ankle, Morton's neuroma (left 3-4 web space), musculoligamentous sprain of the lumbar spine, with lower extremity radiculitis, C3-7 disc bulges, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, status post arthroscopy followed by an open repair of the rotator cuff of the left shoulder, capsulitis of the right shoulder, status post manipulation of the right shoulder,

recurrent tear of the rotator cuff of the right shoulder, and status post right shoulder manipulation. Plan of care includes medications (including tramadol), continued home exercises and use of wrist and ankle braces, and follow-up. The injured worker's work status was reported as awarded case. Requested treatments include tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #200 1-2 daily with 4 refills (prescribed 4-27-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for over a year and previously used Norco as well. Long-term use of opioids has not been studied. Pain scores were not routinely documented in response to Tramadol use. Failure of NSAID or Tylenol use was not noted. Continued use of Tramadol is not indicated and not medically necessary.