

<b>Case Number:</b>	CM15-0016875		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 56-year-old male who reported an injury on 10/02/2014. The mechanism of injury was not stated. The current diagnoses include rule out right shoulder rotator cuff tear, right shoulder adhesive capsulitis, cervical sprain, thoracic sprain, lumbar sprain, and bilateral knee contusions. The injured worker presented on 01/12/2015 for a follow-up evaluation with complaints of persistent pain over multiple areas of the body. It was noted that the injured worker had failed conservative treatment including chiropractic therapy, physical therapy, and home exercise. The injured worker was utilizing tramadol ER 300 mg. Upon examination, there was tenderness to palpation over the right shoulder with 120 degree flexion and abduction, positive impingement sign, positive Jobe's test and atrophy over the right deltoid musculature. Examination of the cervical, thoracic, and lumbar spine revealed tenderness to palpation with limited range of motion. There was tenderness to palpation over the bilateral knees with 0 to 120 degree range of motion. Spasm was noted in the lumbar paraspinal musculature and right cervical trapezius. Recommendations included an MRI of the right shoulder, an LSO brace, a TENS trial, and a prescription for tramadol ER 150 mg. A Request for Authorization form was then submitted on 01/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150mg ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 74-91 & 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. Additionally, there is no quantity listed in the request. As such, the request is not medically appropriate.