

Case Number:	CM15-0132020		
Date Assigned:	07/20/2015	Date of Injury:	05/12/2009
Decision Date:	08/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 58-year-old male, with a reported date of injury of 05/12/2009. The mechanism of injury was the lifting of a heavy piece of furniture and injuring the left shoulder. The injured worker's symptoms at the time of the injury included left shoulder pain. The diagnoses include pain in left shoulder joint, left shoulder adhesive capsulitis, left rotator cuff sprain, and sprain of the unspecified site of the left shoulder and upper arm, and pain-related depression. Treatments and evaluation to date have included oral medications, psychiatric care, subacromial injection, and left shoulder surgery. The diagnostic studies to date have included a CT Arthrogram of the left shoulder which showed a new rotator cuff tear according to the medical report dated 06/10/2014; an x-ray of the left shoulder which showed a tear at the biceps head and rotator cuff tear according to the medical report dated 06/30/2014; and an MRI of the left shoulder which showed another tear according to the medical report dated 06/30/2014. The progress report dated 05/19/2015 states that the injured worker returned for an intern visit related to severe left shoulder pain. The injured worker visited the office eleven days prior for the same issue. He stated that his pain had been severe lately and his medications were denied. The injured worker felt that he was no longer able to tolerate the pain without some rest. His current pain level was rated 9-10 out of 10. The objective findings include cervical forward flexion at 30 degrees, cervical extension at 15 degrees, negative Spurling for paresthesias of either hand, positive Tinel's with tingling in the hands extending into midway up the forearm on the left and negative on the right, left shoulder guarded during the exam, left shoulder flexion at 40 degrees, left shoulder extension at 10 degrees, left shoulder abduction at 40 degrees, diffuse tenderness to

palpation along the left biceps, detached biceps palpated on the left with tenderness to palpation, and tenderness to palpation of the left deltoid. The treatment plan included a one month supply of Tramadol. The injured worker's status was return to modified work. On 04/21/2015, the injured worker's pain level was rated 9-10 out of 10. The injured worker complained of continued left shoulder pain. The left shoulder flexion was at 40 degrees, left shoulder extension at 10 degrees, and left shoulder abduction at 40 degrees. The injured worker's status was return to modified work. The treating physician requested Tramadol 50mg #180, two tablets three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. The injured worker has been taking other pain medication in addition to Tramadol. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. The injured worker has a history of taking Brintellis, which is a SSRI since at least 06/11/2015. In addition, the injured worker was prescribed Norco, another opioid since 06/10/2015. Tramadol may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was evidence of a drug test dated 10/09/2014, which did not show that the injured worker was positive for Tramadol and evidence of a modified work status; however, none of the other aspects of prescribing are in evidence. The injured worker has been taking Tramadol since at least 06/10/2014. On 11/28/2014, the injured worker stated that he felt like the Tramadol was not working for his pain. He stated that it was less effective than it was in the past. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. It was noted that the injured worker's condition was unchanged. He complained of severe left shoulder and arm pain. There was documentation that surgical intervention had been denied. The injured worker remained dependent on his medications for his daily function, as described on his functional assessment form. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Additionally, the request does not include the dosing or frequency of the medication. Therefore, the request for Tramadol is not medically necessary.