

<b>Case Number:</b>	CM15-0140430		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female, who sustained an industrial injury on 8-4-09. The injured worker has complaints of left shoulder pain that radiates to the elbow. The diagnoses have included impingement syndrome of the shoulder on the left well adhesive capsulitis status post distal clavicle excision, decompression and finally lysis of adhesion and chronic pain. Treatment to date has included ice and heat for pain as needed; home exercise program; arthroscopy, decompression and distal clavicle excision done in 2010; lysis of adhesion done on 10-27-11; transcutaneous electrical nerve stimulation unit; therapy; injections to the subacromial space; Celebrex; aciplex; Voltaren; tramadol ER and magnetic resonance showed minimal arthritis along the joint and evidence of adhesive capsulitis. The request was for retrospective tramadol ER 150 mg #30 with a date of service of 6-16-15 and tramadol ER 150 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol ER 150 mg #30 with a dos of 6/16/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in August 2009 and is being treated for left shoulder pain. She has a history of two arthroscopic left shoulder surgeries for rotator cuff impingement syndrome and adhesive capsulitis. When seen, there was decreased shoulder range of motion and rotator cuff tenderness. Tramadol ER was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

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