

<b>Case Number:</b>	CM15-0141482		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/15/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year-old female, who sustained an industrial injury on 12-30-2012. She has reported injury to the right shoulder. The diagnoses have included right shoulder impingement syndrome with acromioclavicular joint arthritis; status post right shoulder arthroscopic debridement of partial thickness rotator cuff tear and labral tear, subacromial decompression, and distal clavicle resection arthroplasty, on 12-20-2013; shoulder strain; myofascial pain; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, injection, physical therapy, and surgical intervention. Medications have included Topirimate, Toradol, Norco, Gabapentin, and Lidopro Cream. A progress note from the treating physician, dated 07-08-2014, documented a follow-up visit with the injured worker. The injured worker reported continued pain in the right shoulder and arm, right elbow, and right side of her neck; pain is rated at 9 out of 10 on a pain scale; she has a flare up; her pain is increased since yesterday; denies any strenuous activity or recent injury at work; she works full time; she also has pain in both of her hands and her right leg; she has tried Topirimate but it was not helpful for her; she has also been taking Tramadol and this is not really helping either; and she finds that her work can make her right shoulder pain worse. Objective findings included right shoulder tenderness to palpation; cervical paraspinal muscle spasms; and she is wearing bilateral wrist braces. The treatment plan has included the request for Tramadol 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has taken Tramadol for an extended period without objective documentation of decrease in pain or increase in function. The injured worker continues to rate pain level at 9/10. Additionally, this medication has been denied in the past and recommended for weaning only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 100mg #60 is determined to not be medically necessary.