

<b>Case Number:</b>	CM15-0168256		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/21/2010
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 56 year old female, who sustained an industrial injury on 8-21-10. The injured worker has complaints of left shoulder pain associated with joint tenderness. Left shoulder examination revealed tenderness and range of motion was moderately reduces. The documentation noted on 1-5-15 that the injured worker reported that after helping her mom after the surgery, she realized that she cannot go back to work and that Mobic does help; and is using diclofenac too. The diagnoses have included pain in joint involving shoulder region. The documentation noted on 1-15-15 for treatment to date has included Voltaren 1 percent topical gel that has a start date of 12-17-13, stop date of 1-5-15 and a refill date of 1-5-15; Mobic start date is 1-1-2010 with no stop date; hydrocodone has a start date of 6-19-13 with no stop date and tramadol has a start date of 11-25-14 with no stop date. The original utilization review (8-10-15) partially approved a request for tramadol 50mg #90 with no refills (original request was for tramadol 50mg #180 with 3 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #180 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids for neuropathic pain.

**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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant has been on Tramadol for 9 months in combination with NSIAD and Hydrocodone. Pain response to medication is unknown. Use of multiple opioids is not indicated. Long-term use is not recommended. Continued use of Tramadol is not medically necessary.