

<b>Case Number:</b>	CM15-0180503		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, Florida, 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 59 year old female who sustained an industrial injury August 1, 2014. Past history included right arthroscopic debridement of anterosuperior labral tear of the glenohumeral joint and subacromial decompression June 30, 2015. According to a primary treating orthopedic physician's comprehensive evaluation dated August 6, 2015, the injured worker presented with complaints of sharp and stiff cervical spine pain, rated 7 out of 10, stiff dull right shoulder pain, rated 4-5 out of 10, and a headache, rated 4-5 out of 10, with dizziness and lightheadedness at times. Physical examination revealed 4'11" and 150.4 pounds; cervical spine- range of motion is 50% of full with pain noted at all end points; right shoulder- positive Neer's; positive at 90 degrees cross over impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance; healing arthroscopic portal incisions. Diagnoses are cervical spine sprain, strain of a chronic nature; cervicgia; lumbar spine sprain, strain, non-compensable; status post right shoulder arthroscopy. Treatment plan included recommendations for next visit and prescribing medication including; Naproxen, Omeprazole, and Tramadol. At issue, is the request for authorization dated August 6, 2015, for Tramadol 50mg #60 with (2) refills. According to utilization review dated August 26, 2015, the request for Tramadol 50mg, one tablet twice daily Quantity: 60 with (2) refills was modified to Tramadol 50mg Quantity: 40 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The claimant was injured in 2014 and had right arthroscopic debridement of an anterosuperior labral tear of the glenohumeral joint and subacromial decompression June 30, 2015. As of August 6, 2015, there was still cervical pain. Cervical spine- range of motion is 50% of full with pain noted at all end points. Diagnoses are cervical spine sprain, strain of a chronic nature; cervicgia; lumbar spine sprain, strain, non-compensable; status post right shoulder arthroscopy. According to a utilization review dated August 26, 2015, the request for Tramadol 50mg, one tablet twice daily Quantity: 60 with (2) refills was modified to Tramadol 50mg Quantity: 40 with no refills. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. Multiple refills, as requested in this case, would not be appropriate given a long term use of is therefore not supported. The request is not medically necessary.