

<b>Case Number:</b>	CM15-0205224		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 4, 2009. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for tramadol extended release and Ultracet. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 14, 2015, Celebrex, AcipHex, and tramadol were endorsed. On an associated progress note dated September 14, 2015, the applicant reported ongoing issues with shoulder pain. The applicant presented to obtain medication refill. Ultracet, Celebrex, AcipHex, and tramadol were all seemingly renewed. The applicant was no longer working and had reportedly retired, the treating provider suggested. The applicant reported difficulty lifting, pushing, and pulling, despite ongoing pain complaints. No seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Weaning of Medications.

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

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working and had reportedly retired, the treating provider stated on September 14, 2015. The treating provider noted that the applicant still was having difficulty performing activities of daily living as basic as lifting, reaching, pushing, and pulling, despite ongoing tramadol usage. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Retrospective Ultracet 37.5/325 dispensed 9/14/15 #60:** Upheld

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

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

**Decision rationale:** Finally, the request for Ultracet, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working and had retired, the treating provider stated on the September 14, 2015 office visit at issue. Activities of daily living as basic as lifting, carrying, pushing, and pulling remained problematic, the treating provider stated on that date. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultracet usage. Therefore, the request was not medically necessary.