

<b>Case Number:</b>	CM15-0217057		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 54 year old female, who sustained an industrial injury on 9-12-13. She reported right shoulder pain. The injured worker was diagnosed as having right shoulder pain. Treatment to date has included right shoulder arthroscopy on 6-24-15, physical therapy, and medication including Tramadol. Physical exam findings on 10-6-15 included full right shoulder range of motion with pain. Apley's and Hawkins signs were negative. On 8-28-15, pain was rated as 7 of 10. The injured worker had been taking Tramadol since at least June 2015. On 10-6-15, the injured worker complained of right shoulder pain with radiation to the neck rated as 5 of 10. The treating physician requested authorization for Tramadol 50mg #90. On 10-29-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in September 2013 and underwent arthroscopic right shoulder surgery in June 2015 with a subacromial decompression and rotator cuff debridement, supraspinatus tenolysis, and manipulation under anesthesia. In September 2015, she was referred for 12 post-operative physical therapy treatments. When seen in October 2015, she had right shoulder pain rated at 5/10 with occasional radiating symptoms to the neck and an occasional headache. Physical examination findings included a body mass index over 36. There was full range of motion with moderate pain. She had ongoing abduction weakness, greater than that expected. Additional physical therapy was requested. Tramadol was being prescribed and was refilled with two additional refills. Tramadol is an immediate release short acting medication used for intermittent or breakthrough 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or participation in physical therapy treatments or an improved quality of life. Providing a three-month supply for post-operative pain is excessive. The request is not medically necessary.