

<b>Case Number:</b>	CM15-0217300		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	11/02/2015
<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: California, North Carolina

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 54 year old female, who sustained an industrial injury on 11-6-2014. The injured worker was being treated for severe bilateral shoulder impingement and bilateral shoulder partial thickness rotator cuff tear. The medical records (9-2-2015) indicate the injured worker underwent a right shoulder arthroscopic repair of the subscapularis tendon, extensive debridement of the supraspinatus tendon, a partial superior labrectomy, subacromial decompression, partial claviclectomy (Mumford procedure), and partial acromionectomy. The injured worker (9-25-2015, 10-9-2015, and 10-23-2015) reported continued right shoulder pain shoulder stiffness. He reported left shoulder pain with increased use. The medical records (9-25-2015, 10-9-2015, and 10-23-2015) did not include documentation of the subjective pain ratings. The medical records also indicate improvement in his tolerance of work modifications. The physical exam (9-25-2015, 10-9-2015) revealed decreasing right shoulder range of motion, very tender right trapezius, and increased tenderness of the distal clavicle. The physical exam (10-23-2015) revealed mild tenderness to palpation and impingement of the left shoulder, increasing right shoulder range of motion, decreased strength of the right shoulder, and mild right subscapular tenderness to palpation. There was no opioid pain contract or risk assessment included in the provided medical records. The urine drug screen (6-5-2015) indicated there were negative results for all drugs tested. Treatment has included postoperative physical therapy for the right shoulder, a wound dressing change, postoperative continuous passive motion, off work, work modifications, a home exercise program, a right shoulder steroid injection, and pain medication (Norco 10-325mg). Per the treating physician (10-23-2015 report), the injured

worker has returned to modified work. The treatment plan included weaning the injured worker off of Norco and transitioning to Tramadol. On 11-2-2015, the original utilization review non-certified a request for Tramadol 50mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #30: 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 for chronic pain.

**Decision rationale:** Tramadol is a centrally-acting synthetic opioid indicated for moderate to severe pain. It is not considered a first-line agent, such as antidepressants and anti-epileptics. Opioids are generally indicated for short-term use; not greater than 3 months. It may be appropriate to maintain a patient on long-term opioids if there is documentation of significant pain relief, functional improvement and return to work. The patient has returned to modified work. There is no rationale given for maintaining the patient on 2 opioids (Tramadol plus Norco). The risk of seizure increases with concomitant use of other opioids with Tramadol. Therefore, based upon the above findings, the request for Tramadol is not medically necessary or appropriate.