

<b>Case Number:</b>	CM15-0225760		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 73-year-old male who reported an industrial injury on 11-30-2012. His diagnoses, and or impressions, were noted to include lumbar sprain-strain with disc pathology and degenerative disease; and shoulder sprain-strain with impingement syndrome and adhesive capsulitis. No imaging studies were noted. His treatments were noted to include a qualified medical examination on 7-13-2015; physical therapy (9-2015); medication management with toxicology studies (4-3-15 & 8-28-15); and rest from work. The progress notes of 10-9-2015 reported: continued right shoulder pain with activity, rated 7-8 out of 10, with difficulty lifting-pushing-pulling, gripping, motion, repetitive and weighted activities, and myofascial and night pain; predominant and worsened lumbar pain following physical therapy, with spasms and stiffness, and difficulty with standing-sitting, motions and heavy lifting. The objective findings were noted to include rotator cuff weakness with myofascial tenderness, loss of motion, and painful arc motion in the anterior right shoulder capsule-cuff; guarded lumbar motion, due to pain, with tenderness and decreased range-of-motion. The physician's requests for treatment were cut off of the scanned page and were not noted. Tramadol was noted back as far as 4-3-2015. The Request for Authorization, dated 10-9-2015, was noted to include Tramadol 50 mg twice a day, #60 with no refills. The Utilization Review of 11-3-2015 non-certified the request for Tramadol 50 mg twice a day, #60 with no refills, prescribed on 10-9-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 50mg, 1 tab twice daily, #60, no refills (prescribed 10/09/2015):**  
Upheld

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

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

**Decision rationale:** The requested Retrospective Tramadol 50mg, 1 tab twice daily, #60, no refills (prescribed 10/09/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued right shoulder pain with activity, rated 7-8 out of 10, with difficulty lifting-pushing-pulling, gripping, motion, repetitive and weighted activities, and myofascial and night pain; predominant and worsened lumbar pain following physical therapy, with spasms and stiffness, and difficulty with standing-sitting, motions and heavy lifting. The objective findings were noted to include rotator cuff weakness with myofascial tenderness, loss of motion, and painful arc motion in the anterior right shoulder capsule-cuff; guarded lumbar motion, due to pain, with tenderness and decreased range-of-motion. The physician's requests for treatment were cut off of the scanned page and were not noted. Tramadol was noted back as far as 4-3-2015. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retrospective Tramadol 50mg, 1 tab twice daily, #60, no refills (prescribed 10/09/2015) is not medically necessary.