

<b>Case Number:</b>	CM15-0042927		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Connecticut, California, Virginia  
 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 54-year-old female, who sustained an industrial injury on April 29, 2012. The injured worker was diagnosed as having right shoulder rotator cuff repair and decompression and cervical pain. Treatment and diagnostic studies to date have included Transcutaneous Electrical Nerve Stimulation (TENS) unit, chiropractic, shoulder surgery and medication. A progress note dated January 16, 2015 provides the injured worker complains of neck and right shoulder pain greater than left rated 6/10. She is receiving chiropractic therapy and reports it helps with pain and range of motion (ROM). Physical exam notes well healed scars from right shoulder surgery and improved range of motion (ROM). Cervical exam reveals no change in range of motion (ROM). The plan includes medication, magnetic resonance imaging (MRI), Transcutaneous Electrical Nerve Stimulation (TENS) unit, additional chiropractic and psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL CAP 150mg ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** The most recent records do not document any evidence of objective or functional improvement with use of tramadol. The discussion portion of notes mentions "discussed objective improvements with medication." Unfortunately, this does not provide objective evidence of functional improvement. It appears that weaning recommendations have previously been made by utilization review based on weaning recommendations supported by the MTUS. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More expectations that are detailed should be outlined with the patient regarding the treatment plan and follow up, specifically with plans toward working to decrease risk of opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. Based on the provided records, the quantity of tramadol requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.