

<b>Case Number:</b>	CM15-0056218		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/26/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: 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 50-year-old female, with a reported date of injury of 12/26/2005. The diagnoses include chronic left shoulder pain, rule out internal derangement and chronic low back pain. Treatments to date have included oral medications, physical therapy, and an MRI of the right shoulder. A progress report dated December 2, 2014 indicates that the patient has side effects from Norco so that she cannot take it during the week. She uses tramadol up to twice a day and does not have side effects but does get pain control. She works during the week. Notes indicate that she had previously tried anti-inflammatories and that urine drug screens have been consistent. The progress report dated 02/25/2015 indicates that the injured worker had ongoing shoulder pain. She used Tramadol daily and needed a refill. The objective findings were documented as no change. The treating physician provided the injured worker with a one-month supply of Tramadol. The treating physician requested Tramadol 50mg. The progress report dated 01/28/2015 indicates that the objective findings include ongoing tenderness to both shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 44, 47, 75-79, 120 of 127 Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation of specific analgesic efficacy and objective functional improvement. However, the requesting physician has noted pain reduction, and indicated that the patient is able to work part-time with this medication. Furthermore, urine drug screens have been consistent. Therefore, a one-month prescription of this medication should allow the requesting physician time to better document the above issues. As such, the currently requested Ultram is medically necessary.