

<b>Case Number:</b>	CM14-0135891		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 54 years old male patient who sustained an injury on 3/12/2012. The current diagnoses include shoulder/arm sprain and trigger finger. He sustained the injury while lifting. Per the doctor's note dated 6/16/14, he had complaints of right shoulder pain and weakness. Physical examination of the right shoulder revealed decreased range of motion with pain, positive impingement and rotator cuff weakness. The medication list includes flexeril, protonix, voltaren XR and ultram. He has had right shoulder MRI dated 6/27/14 which revealed distal supraspinatus moderate tendinopathy and small articular surface partial tear, mild to moderate degenerative changes at the acromioclavicular joint and the acromial process and possible adhesive capsulitis. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg 1 TAB Q 4-6H prn #60, 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75,82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The patient had chronic right shoulder pain with rotator cuff weakness. He has had right shoulder MRI dated 6/27/14 which revealed distal supraspinatus moderate tendinopathy and small articular surface partial tear. Therefore there is evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg 1 TAB Q 4-6H prn #60, 2 refills is medically appropriate and necessary to use as prn during acute exacerbations.