

<b>Case Number:</b>	CM14-0145887		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 69-year-old male who reported injuries after falling to a concrete floor from a 16 to 20 foot ladder, which broke on 06/23/2004. On 07/10/2014, his diagnoses included impingement syndrome of the left shoulder, status post left shoulder surgery, rotator cuff tear of the left shoulder per MRI of 07/27/2010, musculoligamentous sprain of the lumbar spine, disc bulges and protrusions from L1-S1 per MRI of 07/27/2010, status post fracture of the proximal left femur, status post ORIF of the left femur with insertion of rod 06/2004, status post removal of hardware of the left femur on 08/2008 and chronic bilateral L5-S1 radiculopathy. His complaints included pain of the left shoulder rated at 5/10 to 6/10, constant pain of the lumbar spine rated at 5/10 to 6/10, left hip pain rated at 3/10 and bilateral leg pain rated 5/10 to 6/10. He also complained of cervical pain rated 3/10 and right hip pain rated 6/10 to 7/10. It was noted that he was not taking any medications, but requested Ultram and Motrin; hence the request for Ultram. There appears to be a contradiction in this progress note, because in the treatment plan it was stated that the request for Ultram was a refill. It was further noted that this injured worker had been taking opiate medication since 04/2011. The rationale for the Ultram was that it was to treat his pain. A Request for Authorization dated 07/31/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ultram 500mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

**Decision rationale:** The injured worker is a 69-year-old male who reported injuries after falling to a concrete floor from a 16 to 20 foot ladder, which broke on 06/23/2004. On 07/10/2014, his diagnoses included impingement syndrome of the left shoulder, status post left shoulder surgery, rotator cuff tear of the left shoulder per MRI of 07/27/2010, musculoligamentous sprain of the lumbar spine, disc bulges and protrusions from L1-S1 per MRI of 07/27/2010, status post fracture of the proximal left femur, status post ORIF of the left femur with insertion of rod 06/2004, status post removal of hardware of the left femur on 08/2008 and chronic bilateral L5-S1 radiculopathy. His complaints included pain of the left shoulder rated at 5/10 to 6/10, constant pain of the lumbar spine rated at 5/10 to 6/10, left hip pain rated at 3/10 and bilateral leg pain rated 5/10 to 6/10. He also complained of cervical pain rated 3/10 and right hip pain rated 6/10 to 7/10. It was noted that he was not taking any medications, but requested Ultram and Motrin; hence the request for Ultram. There appears to be a contradiction in this progress note, because in the treatment plan it was stated that the request for Ultram was a refill. It was further noted that this injured worker had been taking opiate medication since 04/2011. The rationale for the Ultram was that it was to treat his pain. A Request for Authorization dated 07/31/2014 was included in this injured worker's chart.