

<b>Case Number:</b>	CM14-0153727		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50 year old male with a 3/31/06 injury date. The mechanism of injury was not provided. 3/25/13 urine toxicology was positive for THC and negative for Amitriptyline which was inconsistent with prescribed medications. It was noted in a 7/22/13 peer review that the patient has had violations of the pain contract. 7/31/13 urine toxicology was positive for ranitidine, negative for Amitriptyline, and negative for opiates, which was inconsistent with the prescribed Amitriptyline, Gabapentin, Soma, and Tramadol. A 5/8/14 peer review notes that, despite continued use of Tramadol, the patient remains significantly functionally impaired and continues to report severe symptoms, and there is no information suggesting that he has had any benefit from the continued use of Tramadol. Diagnostic impression: chronic left shoulder pain s/p surgery. Treatment to date: left shoulder Bankart repair, medications, physical therapy. A UR decision on 9/9/14 denied the request for Tramadol 37.5 mg #90 (prescribed 8/26/14) on the basis that there is no prior evidence of clinical efficacy of this medication in this patient, and there have been multiple prior peer review recommendations for weaning of Tramadol with no changes seen in the dose, frequency, or quantity of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5mg #90 (prescribed 8/26/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; opiates Page(s): 113; 78-81.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opioid use per the MTUS Chronic Pain Guidelines must be followed. The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opioids may be appropriate, additional information would be necessary, as the MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. In this case, the patient has had inconsistent urine toxicology results and has broken his pain contract. There is no evidence that continued Tramadol use has improved his function or alleviated his ongoing severe symptoms, and multiple prior peer reviews have either non-certified Tramadol or certified Tramadol for weaning purposes only. Therefore, the request for Tramadol 37.5mg #90 (prescribed 8/26/14) is not medically necessary.