

<b>Case Number:</b>	CM14-0161194		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/14/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Arizona. 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:

Injured worker is a male with a date of injury on 7/14/2013. Injured worker underwent right shoulder arthroscopic surgery on 4/24/2014. Subjective complaints are of right shoulder pain. Pain is rated between 3-7/10. Physical exam showed limited and painful range of motion of the right shoulder, tender anterior acromial margin and AC joint. Medications include Norco, Tramadol, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60:** Upheld

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

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

**Decision rationale:** The injured worker in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this injured worker, the medical record fails to provide documentation of MTUS

opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, for this injured worker, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of tramadol is not established at this time. The request for Tramadol HCL 50mg #60 is not medically necessary.