

<b>Case Number:</b>	CM14-0161400		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/04/2002
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/29/2014
<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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 12/4/02 date of injury. At the time (9/9/14) of request for authorization for 1 prescription of Tramadol 50mg #90, there is documentation of subjective (bilateral shoulder pain) and objective (decreased bilateral shoulder range of motion) findings, current diagnoses (chronic bilateral shoulder pain, internal derangement of right shoulder, and depression), and treatment to date (physical therapy and medications (including ongoing treatment with Hydrocodone/APAP)). Medical report identifies that there is no evidence of alternative providers for patient's medications. There is no documentation of moderate to severe pain; and that the prescriptions are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #90:** 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): 74-80; 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of chronic bilateral shoulder pain, internal derangement of right shoulder, and depression. In addition, there is documentation of Tramadol used as a second-line treatment. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, despite documentation that there is no evidence of alternative providers for patient's medications, there is no (clear) documentation that the prescriptions are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Tramadol 50mg #90 is not medically necessary.