

<b>Case Number:</b>	CM14-0128506		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 67 year old male, who sustained an industrial injury on 12/1/02. The injured worker was diagnosed as having right rotator cuff syndrome and hand arthropathy and tenosynovitis. Treatment to date has included right rotator cuff repair, physical therapy and oral medications including tramadol and topical medications including Lidoderm patch. Currently, the injured worker is seen for follow up of right rotator cuff repair and hand arthritis, he states he is doing much better following surgery. Physical exam noted limited range of motion of right shoulder with well healed surgical scars and advanced arthritis changes of right hand. A request for authorization was submitted for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tramadol Page(s): 93-94.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 7/15/14 that continued functional benefits like increasing work capacity or decreasing medication needs continue from the use of tramadol to warrant continuation. Based on this the request is not medically necessary.