

<b>Case Number:</b>	CM15-0103421		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old female, who sustained an industrial injury on 7/12/12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical sprain strain; herniated cervical disc; lumbar sprain/strain; herniated lumbar disc L2-3, L3-4, L4-5 and L5-S1; right shoulder sprain/strain with tendinitis; impingement rotator cuff right; status post right shoulder arthroscopy (10/25/14); left shoulder strain/sprain impingement, cuff tear, internal derangement; left hand strain/sprain-status post carpal tunnel release 21 years ago; anxiety; depression; insomnia; hypertension secondary to pain. Treatment to date has included multiple surgeries; physical therapy; urine drug screening; medications. Diagnostics included MRI right shoulder. Currently, the PR-2 notes dated 3/17/15 indicated the injured worker complains of pain in her right shoulder, cervical spine, lumbar spine and right knee and states that pain and symptoms in the bilateral shoulders has improved. She rates her pain as 7/10 and notes she has completed the physical therapy. She is awaiting a psych evaluation. On physical examination the provider notes the right shoulder with well-healed portal arthroscopy scars (Right shoulder arthroscopy with rotator cuff repair 10/25/14). The cervical spine range of motion forward flexion is 40 degrees, extension 50 degrees; rotation 55 degrees, bilateral bending 25 degrees. There is noted paraspinal tenderness with paraspinal spasms noted. There is positive foramina compression test and positive Spurling's test. The lumbar spine range of motion is notes with flexion 50 degrees, extension 20 degrees, bending bilaterally 30 degrees. There is positive straight leg raise at 75 degrees on the right/left 80 degrees with pain at L5-S1 dermatomes distribution bilaterally. She has facet joint tenderness at L3-L4 and L5 levels bilaterally. The

right knee range of motion is 0-100 degrees with positive McMurray's test. There is tenderness to palpation over the medial joint line. The provider is requesting Ultram 50mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 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 : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** This claimant was injured in 2012. There was cervical, lumbar and shoulder and left hand strain injuries. There is continued subjective pain complaints. A psychiatric assessment is pending. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of it is therefore not supported. The request is not medically necessary.