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| <b>Case Number:</b>   | CM15-0018868 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 04/01/1985 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old male who reported an injury on 06/05/2012. The mechanism of injury was not stated. The current diagnoses include history of left shoulder injury, left shoulder status post arthroscopic decompression, right shoulder impingement, L5 radiculopathy, and right upper extremity ulnar neuropathy. The injured worker presented on 01/15/2015 with complaints of persistent pain in the bilateral upper extremities with stiffness, activity limitation, and difficulty sleeping. Previous conservative treatment includes rest, ice therapy, anti-inflammatory medication, analgesic medication, physical therapy, and Kenalog injections. Upon examination, there was 0 to 155 flexion and abduction, 3+/5 motor weakness, positive Neer's and Hawkins sign, positive empty can test, and positive O'Brien's sign. Recommendations at that time included continuation of Celebrex and tramadol. A Request for Authorization form was then submitted on 01/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg # 40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication for an unknown duration. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. A failure of nonopioid analgesics was not mentioned. There is also no frequency listed in the request. As such, the request is not medically appropriate in this case.