

<b>Case Number:</b>	CM15-0111936		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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

Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 8/27/2011. Diagnoses include cervical spondylosis, protrusion C2-7, acromioclavicular osteoarthropathy left shoulder pain, SLAP lesion left shoulder, supraspinatus tear left shoulder and partial tear infraspinatus, status post left shoulder arthroscopy/rotator cuff repair, acromioclavicular osteoarthropathy right shoulder, tendinosis infraspinatus and supraspinatus right shoulder, bilateral carpal tunnel syndrome, bilateral trigger thumb, myofascial low back pain, lumbar radiculopathy, cervical pain with upper extremity symptoms and thoracic pain. Treatment to date has included surgical interventions and medications including Cyclobenzaprine, Hydrocodone and topical medications. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported cervical pain with left greater than right upper extremity symptoms, thoracic pain, low back pain with lower extremity symptoms, left shoulder pain, right shoulder pain, and right and left wrist/hand pain. He was status post bilateral carpal tunnel releases (undated). Physical examination revealed tenderness to the cervical, thoracic and lumbar spine with decreased ranges of motion. There was tenderness of the shoulders with abduction to 90 degrees and forward flexion to 90 degrees. There was a positive impingement sign of the right shoulder. Phalen's and Tinel's were positive in the bilateral wrists. The plan of care included pain medications, diagnostics, acupuncture and injections. Authorization was requested for Tramadol ER 150mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60, 2 tablets by mouth once a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, opioids Page(s): 113,91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested Tramadol ER 150mg #60, 2 tablets by mouth once a day, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has cervical pain with left greater than right upper extremity symptoms, thoracic pain, low back pain with lower extremity symptoms, left shoulder pain, right shoulder pain, and right and left wrist/hand pain. He was status post bilateral carpal tunnel releases (undated). Physical examination revealed tenderness to the cervical, thoracic and lumbar spine with decreased ranges of motion. There was tenderness of the shoulders with abduction to 90 degrees and forward flexion to 90 degrees. There was a positive impingement sign of the right shoulder. Phalen's and Tinel's were positive in the bilateral wrists. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg #60, 2 tablets by mouth once a day is not medically necessary.