

<b>Case Number:</b>	CM15-0118442		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 47 year old female, who sustained an industrial injury on 4/4/2014. The current diagnoses are right shoulder pain, right shoulder rotator cuff tendinitis, right shoulder bursitis, right shoulder impingement syndrome, right shoulder acromioclavicular joint cartilage disorder, and right shoulder bicipital tendinitis. According to the progress reports, the injured worker complains of right shoulder pain. The pain is described as constant with radiation proximally down into her arm; associated with burning, throbbing, stabbing, and aching sensations with sharp pain. The pain is rated 6/10 on a subjective pain scale. The physical examination reveals positive arc sign, positive impingement testing (Neer's, Hawkins, and Apley's cross arm), weakness of the rotator cuff musculature, tenderness over both the biceps and the long head of the biceps tendon, and pain in the anterior shoulder with forced supination of the forearm. The current medication list is not available for review. Treatment to date has included medication management, x-rays, 12 physical therapy sessions (no benefit), MRI studies, and 2 corticosteroid injections (no benefit). MRI from 10/2/2014 shows significant tendinosis and thickening of the distal supraspinatus tendon and acromioclavicular joint arthrosis. As of 4/13/2015 the work status is modified duty. The plan of care includes subacromial decompression surgery with post-operative Tramadol and Norco as needed for pain. A request for Tramadol has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91-94.

**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 4/13/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is not medically necessary.