

<b>Case Number:</b>	CM15-0122618		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on October 17, 2013. He reported tripping on a car lift and falling on concrete floor, striking his left upper extremity. The injured worker was diagnosed as having pain in shoulder joint status post left shoulder rotator cuff repair and superior labral anterior and posterior (SLAP) lesion repair on February 11, 2014, syndrome cervicobrachial, and psychogenic pain. Treatments and evaluations to date have included MRIs, physical therapy, left shoulder surgery 2014, and medication. Currently, the injured worker complains of left shoulder pain. The Treating Physician's report dated May 4, 2015, noted the injured worker with bilateral shoulder pain made better with rest and medication. The injured worker reported the tramadol was helpful at reducing the pain and improving his function and was free from side effects. The Physician requested authorization for Tramadol/ APAP. The Treating Physician's report dated June 4, 2015, noted the injured worker was status post a rotator cuff repair with significant pain with range of motion (ROM) and pushing or pulling above the shoulder level. The injured worker was noted to have improvements in his activities of daily living (ADLs) with medication, and no aberrant drug behavior, and no adverse effect from the medication. Physical examination was noted to show the injured worker with an antalgic gait and the left shoulder with pain with range of motion (ROM) with forward flexion and abduction and crepitus, internal rotation painful, external rotation exquisitely painful, and on the superior anterior portion of the shoulder there was a palpable lump/bump at the lateral portion of the clavicle. The injured worker's current medication was listed as Tramadol/APAP. The treatment plan was noted to include a request for

authorization for re-evaluation of the left shoulder and review of the MRI, and prescription for Tramadol/APAP. The injured worker was noted to have a work status of permanent and stationary.

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

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

**Tramadol/APAP 37.5/325mg #90 prescribed 5/4/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids/Tramadol/Acetaminophen (Ultracet).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The Official Disability Guidelines (ODG) recommends Tramadol/Acetaminophen (Ultracet) for short term use of no more than 5 days in acute pain management. The injured worker was noted to be prescribed the Tramadol/APAP since March 2, 2015. Tramadol/APAP is not recommended for long term use, and the injured worker has been using the medication much longer than the recommended five days. Although the medication was noted to improve function and activities of daily living, there was no discussion of improvement in specific activities of daily living, work status was unchanged, office visits have continued at the same frequency, and there was discussion of need for more physical therapy and possibly additional surgery. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, or quality of life with the use of the Tramadol/APAP, and there was no documentation of the level of the injured worker's current pain, least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, or how long the pain lasts. Therefore, based on the MTUS and ODG, the documentation provided did not support the medical necessity of the Tramadol/APAP 37.5/325mg #90 prescribed 5/4/15.