

<b>Case Number:</b>	CM15-0124222		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/20/2009
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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:

This 55 year old female sustained an industrial injury on 12/20/09. She subsequently reported neck, bilateral shoulder and bilateral upper extremity pain. Diagnoses include cervical disc protrusion, right rotator cuff tear and right shoulder myoligamentous injury. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience bilateral shoulder pain that radiates to the elbows as well as left foot pain. Upon examination, there was tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There are muscle spasms of the bilateral trapezii and cervical paravertebral muscles. There is tenderness to palpation of the anterior, lateral and posterior shoulder bilaterally with spasm noted. There is tenderness to palpation of the anterior, lateral and posterior elbow as well as lateral epicondyle. Bilateral shoulder range of motion is limited. There is tenderness to palpation of the dorsal and volar wrist. A request for Tramadol 50mg #90 was made by the treating physician. She has utilized Ultram in the past without apparent benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional Improvement Measures Page(s): 78-80/48.

**Decision rationale:** MTUS Guidelines supports the judicious use of opioids when there is clear evidence of pain relief, functional improvements and a lack of drug related aberrant behaviors. In the records reviewed, these standards are not met. There is no detailed evidence of significant pain relief with the use of Tramadol/Ultram, there is no detailed documentation of how long any pain relief lasts, nor is there any documentation of functional improvements as a result of opioid use. Under these circumstances, the Tramadol 50mg. #90 is not supported by Guidelines and is not medically necessary.