

<b>Case Number:</b>	CM15-0124912		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/09/2015
<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: New York

Certification(s)/Specialty: Pediatrics, 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 58 year old male, who sustained an industrial injury on May 3, 2002. He reported pain in the right shoulder and right side of the neck. The injured worker was diagnosed as having disorders of the bursae and tendons in the right shoulder. Treatment to date has included diagnostic studies, medications, physical therapy, injection to the right shoulder and work restrictions. Currently, the injured worker complains of continued pain in the right shoulder and neck. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 22, 2013, revealed continued pain in the right shoulder and neck. He was treated with Voltaren gel, Naproxen and Vicodin. He rated his pain at 7 on a 1-10 scale with 10 being the worst. It was noted range of motion was limited and abduction was 85 degrees. Evaluation on August 15, 2014, revealed continued severe right shoulder pain radiating to the right arm and hand with associated weakness and numbness. He rated his pain at 7-8 on a 1-10 scale with 10 being the worst. Injection to the right shoulder was administered and Naproxen, Voltaren and Norco were continued. Evaluation on May 26, 2015, revealed continued pain rated at 6-7 out of 10 with 10 being the worst. His weight was noted to be increased. He continued to have restricted range of motion. Naprosyn was discontinued and Ultram was prescribed. Ultram 50mg #60 was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

**Decision rationale:** According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting synthetic opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. During the two year period of time in which the medical documentation covered, no functional improvement, improved pain or increase in activity level was documented. Documents dated back to 2013 were included with evidence of consistent use of opioid medications. It was indicated, after a weaning protocol, the failed opioid medication was discontinued completely. The documentation did not provide sufficient evidence of benefit with opioid to further initiate opioids. The request for Tramadol 50 mg four times daily is not medically necessary.