

<b>Case Number:</b>	CM15-0125549		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/13/2015
<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: Physical Medicine & Rehabilitation

### 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 55 year old female who sustained an industrial injury on 4/7/11. Progress note dated 5/27/15 reports continued pain in bilateral shoulders, hands, wrists, upper neck and back. Left shoulder is doing very well post arthroscopy done on 3/30/15. Present complaints: neck pain 4/10 with headaches, left shoulder pain 6/10 with pain radiating up and down the arm with numbness and tingling in her fingers and right shoulder pain is 5/10 with numbness and tingling. Diagnoses include: status post left shoulder arthroscopy and bilateral carpal tunnel syndrome. Treatment plan includes: request authorization for next visit and refill Tramadol 50 mg 1 three times per day as needed #90. Work status: return to work without restrictions. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with continued chronic symptoms, but is able to functional and work. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. From the submitted reports, there is no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic injury. The Tramadol 50 mg Qty 90 with 2 refills is not medically necessary and appropriate.