

<b>Case Number:</b>	CM15-0176307		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Family Practice

### 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 40 year old male, who sustained an industrial injury on November 17, 2008. He reported pain in the right shoulder. The injured worker was diagnosed as having status post decompression of the right shoulder, impingement syndrome of the right shoulder and arthrosis of the AC joint of the right shoulder. Treatment to date has included diagnostic studies, physical therapy, lumbar epidural steroid injections, home exercises, medications and work restrictions. Currently, the injured worker continues to report low back pain and pain to the right hip, buttock and right leg. The injured worker has continued breakthrough pain secondary to his decompression in the shoulder. He uses Ultram 50 mg, 1-2 q 6 hr. He is advised to aggressively continue with home exercise program. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on January 28, 2015, revealed continued pain as noted. Ultram was continued. Evaluation on July 2, 2015, revealed continued pain as noted. He rated his pain at 7-8 on a 1-10 scale with 10 being the worst. It was noted previous lumbar epidural steroid injection reduced pain temporarily from 8 to 2 on a 1-10 scale with 10 being the worst. It was noted straight leg raise test was positive at 70 degrees. There was noted numbness of the foot. The right shoulder range of motion was noted as decreased. Evaluation on August 13, 2015, revealed continued pain and discomfort. He reported popping in the right shoulder with limited motion. Ultram was continued. The RFA included requests for Ultram 50mg #100 with 1 refill and was non-certified on the utilization review (UR) on August 21, 2015.

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

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

**Ultram 50mg #100 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. The maximum dosing of Tramadol is 400 mg/day. In this case, efficacy has been noted with the utilization of this medication with regards to the injured worker's shoulder pain status post surgical intervention. There is no evidence of abuse or diversion. The injured worker uses Ultram 50 mg, 1-2 q 6 hr. He has been advised to aggressively continue with home exercise program. The request for Ultram 50mg #100 with 1 refill is medically necessary and appropriate.