

<b>Case Number:</b>	CM15-0176884		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old male, who sustained an industrial injury on November 2, 2013. The injured worker was being treated for joint pain forearm, rotator cuff syndrome not otherwise specified, and tenosynovitis of the hand and wrist. Medical records (April 27, 2015 to July 27, 2015) indicate ongoing right shoulder and wrist pain. The physical exam (April 27, 2015 to July 27, 2015) reveals crepitation with anterior and lateral tenderness with flexion and abduction of 160, internal and external rotation of 80, adduction of 40, and extension of 30 of the right shoulder. The right shoulder range of motion was mildly improved. There is full wrist range of motion, no laxity, and grip strength of 5 out of 5. On January 8, 2015, electromyography and nerve conduction studies of the bilateral upper extremities revealed no abnormal findings. Per the treating physician (April 6, 2015 report), x-rays of the right hand revealed no fracture or dislocation. The medication records (March 16, 2015) refer to a x-rays and MRI but the date and results were not included in the provided medical records. Treatment has included a home exercise program, massage, bracing, shoulder injections, and pain medications (Ultram, Tylenol). Per the treating physician (July 27, 2015 report), the injured worker is to continue modified work duties including limited lifting to 10 pounds and avoiding right upper extremity use for at and above shoulder level work. On July 27, 2015, the requested treatments included Tramadol 50mg by mouth twice a day as needed quantity 60 with one refill. On August 7, 2015, the original utilization review non-certified a request for Tramadol 50mg by mouth twice a day as needed quantity 60 with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg by mouth twice a day as needed quantity 60 with one refill:** Upheld

**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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in November 2013 and continues to be treated for right shoulder and wrist pain with diagnoses of right rotator cuff and wrist tendinitis. When seen, he was continuing to perform a home exercise program. He was using medications for pain relief. Physical examination findings included decreased shoulder range of motion with crepitus and mildly decreased strength. There was full wrist range of motion with mildly decreased grip strength. Recommendations included a continued home exercise program and use of ice three times per day. Tramadol was prescribed and had been prescribed since at least February 2015. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing was not medically necessary.