

<b>Case Number:</b>	CM15-0178098		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 63 year old female who sustained an industrial injury September 8, 2009. Past history included asthma, fibromyalgia, headaches, hypertension, and status post hand surgery (unspecified) March 2011 and September 2010, and bilateral carpal tunnel syndrome. According to a treating physician's progress report dated August 14, 2015, the injured worker presented for a follow-up visit with continued pain, worse at night, of the right shoulder, rated 8 out of 10, with trouble sleeping due to pain. She has had multiple right shoulder cortisone injections with temporary relief of pain. She reports taking more tramadol, 4 tablets per day, using an extra tablet at night to sleep. During work, she uses an ice pack, which reduces the pain locally. She reports computer use with mouse, and repetitive gripping and grasping is aggravating the pain. She also reports low back pain radiating down the right buttock. Current medication included Tramadol, Cyclobenzaprine, Advair, Cozaar, Felodipine, Hydrochlorothiazide, Prednisone, Protonix, Singulair, Spiriva, Xopenex, Zantac, Zocor, and Voltaren gel. Objective findings included; gait is antalgic; right shoulder- tenderness to palpation at the rotator cuff muscles, range of motion decreased by 40% with flexion and abduction and reduced by 20% with extension and internal rotation, positive impingement sign. The physician noted she is authorized for surgery but it is tentatively scheduled for September 24, 2015. Diagnoses are carpal tunnel syndrome; epicondylitis lateral; degeneration of lumbar disc, pain in joint, shoulder. At issue, is the request for authorization for Tramadol 50mg #120. An MRI without contrast of the right shoulder dated June 20, 2014, impression is documented by the treating physician August 14, 2015 as; moderate rotator cuff tendinosis with

partial articular surface disruption of the subcapularis tendon; bursal and articular surface fraying of the supraspinatus and infraspinatus tendons; no evidence of a transmural tear; flattening tendinosis and medial subluxation of the long head biceps tendon at the rotator interval; long head biceps tendon tenosynovitis; probable focal degenerative tear of the anterior superior labrum with degenerative fraying of the superior labrum; type II acromion with moderate clavicle arthrosis; morphology resulting narrowing the osseous outlet; small amount of reactive fluid in the subacromial bursa. According to utilization review dated August 26, 2015, the request for Tramadol 50mg Quantity: 120 was modified to Tramadol 50mg Quantity: 90.

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

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

**Tramadol 50mg #120:** 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 September 2009 and continues to be treated for right shoulder and back pain. When seen, shoulder surgery had been scheduled for the next month. Pain was rated at 8/10. She was taking more tramadol, which was helping her to sleep. Physical examination findings included right shoulder rotator cuff tenderness with decreased range of motion and positive impingement testing tramadol was continued with consideration of weaning the dose to 2-3 times per day after surgery. 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, and the claimant is having ongoing moderately severe pain. 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 is not considered medically necessary.