

<b>Case Number:</b>	CM15-0061378		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 34 year old male, who sustained an industrial injury on 7/12/12. He has reported low back and left shoulder injuries after falling off a ladder. The diagnoses have included contusion of the back, contusion of the neck, face and scalp, contusion of the shoulder, and myofascial pain. Treatment to date has included medications, diagnostics, psychiatric, Transcutaneous electrical nerve stimulation (TENS), HEP and physical therapy. The Magnetic Resonance Imaging (MRI) of the left shoulder was done on 11/20/12. The Magnetic Resonance Imaging (MRI) of the lumbar spine was performed on 1/3/13. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography of the bilateral upper extremities was done on 3/8/13. The current medications were not noted. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of pain in the shoulder that was rated 8/10 on pain scale. The physician also noted dysphoria and sleep disturbance. The previously prescribed medication Mirtazapine was reported to be sedating to the injured worker. It was also noted that his mood was sad with no interest in doing things with poor concentration. The exam revealed that the injured worker cried a few times during the interview, the mood was sad, overwhelmed, depressed and affect was tearful and crying. The injured worker had stomach pain that was relieved with Omeprazole and shoulder pain that was made worse with physical therapy. The diagnosis was major depressive episode, moderate to severe. The physician recommended the use of Tramadol for pain. The physician requested treatment included one prescription of Tramadol 50mg #30 for the shoulder pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tramadol 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Tramadol 50mg #30 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore, the requested medication is not medically necessary.