

<b>Case Number:</b>	CM15-0062218		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female who sustained an industrial injury on 5/21/14. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having right shoulder strain/sprain, impingement syndrome right shoulder, status post arthroscopic surgery right shoulder. Treatments to date have included status post right shoulder surgery (9/26/14), physical therapy, activity modification, home exercise program, and oral pain medication. Currently, the injured worker complains of pain in the right shoulder. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

**Decision rationale:** The injured worker sustained a work related injury on 5/21/14 . The medical records provided indicate the diagnosis of right shoulder strain/sprain, impingement syndrome right shoulder, status post arthroscopic surgery right shoulder. Treatments to date have included status post right shoulder surgery (9/26/14), physical therapy, activity modification, home exercise program, and oral pain medication. The medical records provided for review do not indicate a medical necessity for this request. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The records indicate the injured worker was being treated with an NSAID, but there was no documentation of lack of benefit to it neither was there a documentation of the characteristics of the pain except the provider reported mild pain. There was no documentation of pain opioid agreement, nor a documentation of goals of treatment. The records do not indicate a documentation of any of the steps recommended to be taken by the MTUS was taken before this medication was prescribed. The request, therefore, is not medically necessary.