

<b>Case Number:</b>	CM15-0072055		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 54 year old male, who sustained an industrial injury on 7/20/2012. He reported developing right shoulder pain from repetitive pushing and pulling. He is status post two right shoulder surgeries on 4/4/13 and on 7/17/13. He further reported developing symptoms in the right hand after the first shoulder surgery and neck pain after the second surgery. Diagnoses include cervical discopathy, cervicgia and status post right shoulder rotator cuff repair times two. Treatments to date include medication therapy, physical therapy, cortisone injections. Currently, he complained of sharp neck and shoulder pain rated 8/10 VAS. On 2/11/15, the physical examination documented limited cervical range of motion with muscle tenderness and spasm. The Spurling's maneuver and compression tests were positive. The right shoulder was noted as weak and with tenderness to palpation. The plan of care included continued activity modification and medication therapy. The injured worker is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg 1 tab once daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The request for Tramadol is not supported. Per the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. In this case the medical records do not establish improvement in pain or function. The injured worker continues to complain of significantly high pain levels rated 8/10. There is also no evidence of improvement in function. The medical records note that the injured worker is considered temporarily totally disabled. The request for Tramadol ER 150mg 1 tab once daily #90 is not medically necessary and appropriate.