

<b>Case Number:</b>	CM15-0072547		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 69 year old female who sustained an industrial injury on 9/10/96. The diagnoses have included cervical pain, lumbago and pain in joint status post right shoulder surgery, bilateral knee pain. Treatment to date has included medications, diagnostics, activity modifications, surgery, bracing and physical therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays. The current medications included Butrans, Tramadol and Amlodipine. Currently, as per the physician progress note dated 3/5/15, the injured worker complains of bilateral shoulder pain with heaviness and tingling in the arms. She also has back pain with stiffness and radicular pain in the right leg. There were complaints of right knee pain with difficulty walking and worsening symptoms. The objective findings revealed decreased range of motion in the right shoulder, tenderness, intact stitches with steri-strips present and arm brace in place, and pain with range of motion and provocative maneuvers. The lumbosacral exam revealed positive Faber and Patrick's maneuver on the right, pain with palpation, spasms, worsened myofascial pain and decreased range of motion. There was no urine drug screen noted and the physician noted that she was to continue with medications for now as she has tears in the shoulders and right knee and physical therapy was not indicated due to possibility of re-tear. The physician requested treatment included Tramadol 50 mg ninety count for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving tramadol since at least October 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the request for Tramadol 50 mg, ninety count is not medically necessary.