

<b>Case Number:</b>	CM13-0032963		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male with a date of injury of 10/20/1999. The listed diagnoses per [REDACTED] are: 1.Cervical stenosis at C5-C6 and C6-C7.2.Right lumbar radiculopathy.3. Status post bilateral carpal tunnel release.4.Status post bilateral ulnar nerve release.5. Status post left shoulder surgery.6.Severe GI pathology.7.Whole body pain. According to progress report 08/14/2013, the patient presents with bilateral shoulder, neck and low back pain. He continues to have numbness and tingling in his bilateral upper and lower extremities. He currently rates his symptoms a 7/10 to 8/10 on a pain scale. He is currently utilizing omeprazole for gastritis, tizanidine for muscle spasms, Pamelor for neuropathic symptoms, Senna as needed for constipation, and tramadol once a day for pain. The patient denies any side effects from medications. Examination revealed mild tenderness with palpation of the cervical and lumbar spine. There was decreased sensation on the left C6 and C7 dermatomes. Straight leg raise is positive bilaterally with paresthesias radiating to the foot. The treating physician is requesting a refill of tramadol ER 150 mg #60.Utilization review denied the request on 09/19/2013. The medical file includes this one progress report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Drug formulary ([www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 88,89 ,78.

**Decision rationale:** This patient presents with bilateral shoulder, neck and low back pain. The treating physician is requesting a refill of tramadol ER 150 mg #60. For opiate management, MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). The treating physician provides one progress report for review. It is unclear as to when the patient was first prescribed Tramadol as there is only one PR provided. The treating physician states that the patient utilizes tramadol for pain on a daily basis with no side effects. In this case, the treating physician does not discuss specific functional changes or improvement in ADLs as they relate to medication use. Furthermore, there is no urine drug screen provided to monitor the medications as required by MTUS. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.