

<b>Case Number:</b>	CM13-0041872		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 53 year old male who sustained an injury on 03/30/13. No specific mechanism of injury was noted. Rather, this was a cumulative trauma injury to the low back as well as the bilateral shoulders, right worse than left. The injured worker was followed by pain management specialist. Prior medications have included the use of Naproxen, Ibuprofen, Hydrocodone, and Tramadol. The clinical report from 10/02/13 by the pain management specialist noted ongoing complaints of tenderness to palpation in the lumbar paraspinal musculature as well as tenderness over the bilateral shoulders, right worse than left. There were positive impingement signs noted at the right shoulder. No motor weakness was identified. The injured worker was recommended to continue with Tramadol 37.5/325mg as the injured worker's pain scores were improved by approximately 50% with this medication. The injured worker denied any side effects and there was no evidence of any misuse of this medication. The injured worker was under a pain contract with pain management specialist. The requested Tramadol 37.5/325mg was denied by the utilization review on 10/03/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR TRAMADOL 37/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker was recommended to continue utilizing Tramadol at 37.5/325mg as this provided approximately 50% improvement in the injured worker's overall pain symptoms. The injured worker was noted to be under a pain contract with a pain management specialist. Although there are indications for continuing Tramadol in this case, the submitted request was non-specific in regards to quantity, duration, or frequency. Given the non-specific request for this medication, this reviewer would not recommend this medication as medically necessary.