

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0057373 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 04/01/2013 |
| <b>Decision Date:</b> | 05/08/2014   | <b>UR Denial Date:</b>       | 10/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2013 |

### 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, has a subspecialty in Pain Medicine 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:

According to the California MTUS, Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The progress note dated 11/11/2013 documented the patient to have complaints of pain in her neck, right shoulder and both wrists. She rated the severity of pain as a 3 on a scale of 0 to 10, without medications or therapy. When she presented for pain management consult on 12/06/2013, she reported complaints of neck pain radiating to the upper extremities, right greater than left, with associated numbness and tingling. The patient rates the pain 4/10 on the VAS scale, decreasing to 1-2/10 with the use of medications. According to the medical records, the patient's medications were Naproxen and ibuprofen. The document the patient reported minimal pain complaints and which has been responsive to non-opioid analgesics. The medical records do not establish the patient has moderate to severe pain to warrant access to Tramadol. According to the guidelines, Tramadol is not medically necessary for the treatment of this patient. Tramadol is not medically necessary under the evidence based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF TRAMADOL 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioid Use Page(s): 88-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The progress note dated 11/11/2013 documented the patient to have complaints of pain in her neck, right shoulder and both wrists. She rated the severity of pain as a 3 on a scale of 0 to 10, without medications or therapy. When she presented for pain management consult on 12/06/2013, she reported complaints of neck pain radiating to the upper extremities, right greater than left, with associated numbness and tingling. The patient rates the pain 4/10 on the VAS scale, decreasing to 1-2/10 with the use of medications. According to the medical records, the patient's medications were Naproxen and ibuprofen. The document the patient reported minimal pain complaints and which has been responsive to non-opioid analgesics. The medical records do not establish the patient has moderate to severe pain to warrant access to Tramadol. According to the guidelines, Tramadol is not medically necessary for the treatment of this patient. Tramadol is not medically necessary under the evidence based guidelines.