

<b>Case Number:</b>	CM14-0005457		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 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 injured worker is a 49-year-old female who reported injury on 05/14/2004. The specific mechanism of injury was not provided. The documentation of 11/07/2013 revealed the injured worker had spasms and tenderness in the paracervical musculature. There was a positive Spurling's maneuver on the right side. There was left elbow epicondylar tenderness and a rest extension caused pain at the elbow. There was a positive Tinel's at the ulnar groove. There was positive elbow flexion test. The diagnoses included neck pain status post anterior cervical discectomy and fusion, dysphasia, right shoulder pain, lumbar degenerative changes, and bilateral ulnar neuropathy at the elbows left greater than right per EMG/NCV. The treatment plan included a pain management consultation for a possible epidural steroid injection or facet block, formal pool therapy for the left elbow, right shoulder and lumbar spine, and a home exercise program. The DWC Form RFA requested Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMODOL 150MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalence per day. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. The request as submitted was for tramadol 150 mg #60 which when taken 1 tablet per day would exceed 120 mg of oral morphine equivalence per day. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 150 mg #60 is not medically necessary.