

<b>Case Number:</b>	CM14-0102308		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Illinois. 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 42 year old female who reported an injury on 11/09/2013. The mechanism of injury was not reported. She was noted to have cervical radiculitis, regional myofascial pain syndrome of the neck and shoulder girdle, lumbar radiculopathy, and low back pain. The injured worker had a Lumbar MRI done on 02/27/2014. It was noted she had intervertebral disc disease and degenerative changes of the lumbar spine, at the L5-S1 level there was a 4mm right paracentral/intraforaminal protrusion, a 2mm left paracentral protrusion, and mild left-sided neural foraminal narrowing without significant right-sided neural foraminal narrowing at the L5-S1 level. Treatments and surgical history were not provided. On 06/30/2014 she complained of back pain, joint pain, joint stiffness, neck pain, numbness and tingling of affected limb and had a pain level of 7/10. She reported constant neck pain 6/10 that radiated down both of her shoulders. The physician noted the injured worker's cervical spine range of motion was restricted in extension and left and right side-bending due to pain. Spurling's maneuver produced no pain in the neck. She was taking cyclobenzaprine 7.5mg 1 tablet at night, and tramadol 50mg 1 tablet every 12 hours as needed. It was noted that the injured worker was able to decrease her pain by 80%, when she took her pain medication, and was able to go to the gym and exercise, which in turn improved her overall symptoms. Without her pain medications, she was not able to go to the gym and her functionality began to decline. She reportedly took them twice daily and was monitored by urine drug screens. The treatment plan was for tramadol HCL 50mg 60 day supply 120 count. The rationale for request and authorization for treatment form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 50mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78, 84,113.

**Decision rationale:** Based on the information submitted for review, the request for tramadol HCL 50mg tab is not medically necessary. The injured worker reported neck and back pain. She is taking cyclobenzaprine and it is unknown if she has tried previous analgesics for pain. As stated in the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In a recent review, it was found that tramadol decreased pain intensity; produced symptom relief and improved function for a time period of up to 3 months but the benefits were small. Furthermore, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although it was noted that the pain medication helps her go to the gym and decreases her pain by 80%, there is insufficient data to support ongoing review and documentation of pain relief to include the 4 A's of ongoing monitoring such as her activities of daily living. However, it is noted that she is monitored with urine drug screens and is aware of adverse side effects. Furthermore, the request failed to provide information regarding medication frequency. As such, the request for Tramadol HCL 50mg 60 day supply is not medically necessary.