

<b>Case Number:</b>	CM14-0017068		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Anesthesiology and is licensed to practice in Florida. 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 63 year old male who reported an injury on 02/19/1997. The mechanism of injury was not provided for review. The injured worker was evaluated on 01/13/2014. It was documented that the injured worker had been detoxed off Ambien and Percocet. It was documented that the injured worker's medication schedule included Gabapentin and Cymbalta. It was documented that the injured worker had failed a trial of Celebrex as it did not provide adequate pain relief. Physical findings at the time of the appointment included pain rated at a 5/10 with medication usage. It was documented that the injured worker did not show any evidence of drug-seeking behavior, was regularly monitored with urine drug screens for medication compliance, and had a signed opioid agreement. The injured worker's diagnoses included cervical sprain/strain, bilateral neural foraminal stenosis of the cervical spine, and complex regional pain syndrome of the bilateral upper extremities. The injured worker's treatment plan included the initiation of the use of tramadol for breakthrough pain, psychotherapy, a repeat left stellate ganglion block, and authorization of currently prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG, QUANTITY 60, FOR NECK PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends that initiation of opioid therapy be supported by a failure to respond to other types of first line treatments, and evidence that the injured worker had a signed opioid agreement and is monitored for aberrant behavior with urine drug screens. The clinical documentation submitted for review does indicate that the injured worker has failed a trial of Celebrex. It is also noted within the documentation that the injured worker is currently prescribed Cymbalta and Gabapentin. It is noted that the injured worker continues to have 5/10 pain. As the injured worker is engaged in an opioid contract and is monitored for aberrant behavior. This medication would be appropriate for the injured worker. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.