

<b>Case Number:</b>	CM14-0136456		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 23-year-old male who reported an injury on 09/30/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 07/31/2014 indicated diagnoses of lumbosacral or thoracic neuritis or radiculitis, cervical radiculitis, thoracic sprain/strain, and right shoulder sprain/strain. The injured worker reported upper back pain rated 2/10 that was intermittent, throbbing, worse with activities, occasionally radiated to right upper extremity with tingling to the right hand and numbness to the right fingers, ring and pinky. The injured worker rated his pain low back pain 4/10 that was constant, stabbing, worse with activity and prolonged sitting, radiated to the left lower extremity with numbness, tingling to the left toes. The injured worker reported right shoulder rated 2/10 that was constant, throbbing, worse with cold weather and activities, occasionally radiated to his right upper extremity with tingling to the right hand and numbness to the right fingers, ring and pinky. The injured worker reported he had completed chiropractic sessions and they were beneficial in decreasing pain, increasing range of motion, and relaxing his muscles. On physical examination, the injured worker's range of motion was limited to the cervical spine. The injured worker's range of motion was limited to the right shoulder and the injured worker's range of motion was limited to the lumbar area. There was tenderness to palpation on the right side of the cervical and lumbar spine at the paraspinal musculature and there was pain with movement at the cervical spine. The injured worker's right shoulder had pain with movement. The injured worker had decreased sensation in the right upper extremities with grip strength in the right hand. The injured worker's lumbar spine had pain with movement and there was decreased sensation in the left lower extremities with weakness in the left lower extremities. The injured worker ambulated with more weight on the right lower extremities. The injured worker's treatment plan included refill of Naproxen, Tramadol, Cyclobenzaprine, Omeprazole, and TENS patches. The injured worker reviewed his [REDACTED] and

was compliant with current medication. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Naproxen, Tramadol, Cyclobenzaprine, and Omeprazole. The provider submitted a request for tramadol. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #90between 7/31/2014 and 7/31/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

**Decision rationale:** The request for Tramadol 50mg #90between 7/31/2014 and 7/31/2014 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing the tramadol. Furthermore, the request does not indicate a frequency for the tramadol. Therefore, the request for Tramadol 50mg #90between 7/31/2014 and 7/31/2014 is not medically necessary.