

<b>Case Number:</b>	CM14-0153949		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & Rehabilitation, Has a Subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury of unspecified mechanism on 04/02/2012. On 05/14/2014, his diagnoses included thoracic sprain/strain and right shoulder residuals after prior arthroscopic surgery. His complained that his right upper back had been inflamed and sore after having received chiropractic therapy. His treatment plan included the dispensing of tramadol 50 mg, Naprosyn 550 mg, Prilosec of unknown dosage, and Methoderm ointment. On 08/20/2014, his treatment plan added a home exercise program. There was no mention of Tramadol. A Request for Authorization on 08/20/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-95;113.

**Decision rationale:** The request for Tramadol HCL 50 mg is not medically necessary. The California MTUS Guidelines recommend ongoing reviews of opioid use include documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with Acetaminophen, Aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects; failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants; quantified efficacy; or drug screens. Additionally, there was no frequency or quantity specified in the request. Therefore, this request for Tramadol HCL 50 mg is not medically necessary.