

<b>Case Number:</b>	CM14-0163321		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 and Pain Medicine 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 51-year-old female who sustained an injury on 05/09/12. As per the report of 08/25/14, she complained of neck pain, rated at 8-9/10, which was described as constant, sharp with occasional burning. She also complained of bilateral shoulder pain, rated at 8-9/10, which was described as constant, sharp, radiating down into the hands. She reported that her middle fingers were sticking. On exam, the cervical spine range of motion was 25% full from lack of effort. She was unable to perform the bilateral shoulder examination. Range of motion of bilateral hands and wrists was 0. She was also unable to oppose the fingertips to the thumb with extreme effort. Current medications include Amitriptyline and Tramadol. She has had electromyography and nerve conduction velocity, which was positive for carpal tunnel syndrome. She has been approved with 8 physical therapy visits and 4 physical sessions. Diagnoses include cervical disc displacement without myelopathy, brachial neuritis/radiculitis, not otherwise specified; carpal tunnel syndrome, and shoulder articular cartilage disorder. The frequency, duration and any significant improvement of pain and function with Tramadol were not documented in the clinical records submitted with this request. The request for Tramadol 150 mg #90 with 2 refills was denied on 09/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic that is not recommended as a first-line oral analgesic and is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. Moreover, concurrent use of Tramadol and Amitriptyline is contraindicated due to increased risk of seizure. Therefore, the Tramadol 150 mg #90 with 2 refills is not medically necessary and appropriate.