

<b>Case Number:</b>	CM14-0164215		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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:

Patient is a 29-year-old female with date of injury 07/16/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/20/2014, lists subjective complaints as pain in the low back with radiation into both legs as well as pain in the left shoulder. Objective findings: Examination of the lumbar spine revealed extreme tenderness to the tailbone. Range of motion was restricted in all planes due to pain. Tenderness to palpation was noted about the paravertebral muscles. Examination of the left shoulder revealed tenderness to palpation of the subacromial joint, subdeltoid, AC joint, trapezius and prothoracic musculature. Diagnosis: 1. Left shoulder muscle strain 2. Strain back, lumbosacral. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one month. Medications: 1. Tramadol HCL 150mg, #30 SIG: BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The MTUS states that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of tramadol, the patient has reported very little functional improvement over the course of one month. Tramadol HCL 150mg #30 is not medically necessary.