

<b>Case Number:</b>	CM14-0168498		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, has a subspecialty in pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with a 6/24/10 date of injury. According to a progress report dated 9/2/14, the patient complained of continued pain and stiffness to his cervical spine, ongoing pain and stiffness to shoulders, persistent pain and stiffness to his thoracic spine and lumbar spine radiating down both legs, and pain in the bilateral knees, ankles, and feet. Objective findings: examination of cervical spine, shoulders, lumbar spine, and left foot ankle remained essentially unchanged from last visit. Diagnostic impression: cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain and strain with adhesive capsulitis, status post right shoulder dislocation, lumbar spine sprain/strain, lumbar radiculopathy, left ankle sprain/strain, headaches with tinnitus. Treatment to date: Medication Management, Activity Modification, Physical Therapy, Lumbar ESI, Acupuncture, Chiropractic Care, Cortisone Injections, Surgeries. A UR decision dated 10/3/14 modified the request for Tramadol from 60 tablets to 50 tablets for weaning purposes. The medical necessity for ongoing support of tramadol has not been fully substantiated based on the evidence-based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg QTY: 60 Day Supply 30:** 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 Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol HCL 50mg QTY: 60 Day Supply 30 is not medically necessary.