

<b>Case Number:</b>	CM14-0185793		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 20, 2014, the claims administrator partially approved a request for Tramadol, apparently for weaning or tapering purposes, on the grounds that the applicant was not improving with medications. The claims administrator's report did not, however, state whether or not the applicant was working or not. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported ongoing complaints of neck pain, forearm pain, and parascapular pain. The applicant was asked to continue NSAIDs and occasional breakthrough opioids for pain relief. Work restrictions were endorsed. It was not clearly stated whether the applicant was working or not with said limitations in place, although this did not appear to be the case. The applicant's medication list was not discussed on this occasion. In an earlier note dated June 2, 2014, the applicant reported ongoing complaints of neck and hand pain. The applicant was given diagnoses of cervical strain versus cervical radiculopathy, trapezius strain, and left forearm tendinitis status post left carpal tunnel release surgery and left ulnar nerve decompression surgery. Voltaren, Prilosec, Tramadol, and work restrictions were endorsed. There was no explicit discussion of medication efficacy on this occasion, either. In a progress note dated May 23, 2014, the applicant reported ongoing complaints of neck pain and headaches. The applicant was placed off of work, on total temporary disability, on this occasion. There was no explicit discussion of medication efficacy here, either.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL tab 50mg, days' supply 30, quantity 30, MED10 for progressive wean:**  
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 When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tramadol usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.