

<b>Case Number:</b>	CM14-0023610		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 patient is a 52-year-old female who has submitted a claim for residuals of cervical myofascial strain, non-verifiable right cervical radiculitis, cervical degenerative disc disease at C4-5, C5-6, and C6-7, and mild right shoulder impingement syndrome associated with an industrial injury date of 11/18/2012. Medical records from 10/29/2013 to 03/17/2014 were reviewed and showed that patient complained of right-sided neck pain graded 4/10. Physical examination revealed diffuse tenderness over the cervical spine (right greater than left), normal cervical ROM, minimally positive Spurling's test with pain referred to the right shoulder, negative cervical distraction test, and negative cervical compression test. X-ray of the cervical spine dated 03/17/2014 revealed straightening of the cervical lordosis, anterior hypertrophic spurring superior inferior C4-5 and C5-6 and to a lesser degree at C6-7 with anterior calcification. CT scan of the cervical spine dated 11/19/2012 revealed mild degenerative changes. Treatment to date has included physical therapy, chiropractic treatment, Tramadol (dosage and quantity not specified; prescribed since 07/05/2013), and other pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 01/29/2014 denied the request for Tramadol 50mg Days 30 Qty 60 because there was no objective evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 Mg Days 30 Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol (dosage and quantity not specified) since 07/05/2013. There was no documentation of analgesia or functional improvement with Tramadol use to support continuation of opiates use. Therefore, the request is not medically necessary.