

<b>Case Number:</b>	CM14-0025129		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurological Surgery, 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 67-year-old male injured on April 20, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of neck pain radiating down both upper extremities as well as low back pain radiating down both lower extremities. The injured employee's pain level was stated to be 6/10 without medications and 4/10 with medications. The physical examination demonstrated tenderness to the cervical spine from C4 through C7 and decreased cervical range of motion. There was also tenderness to the lumbar spine from the L4 through S1 levels with decreased lumbar spine motion secondary to pain. There was pain with both flexion and extension. Neurological examination noted decreased sensation to both lower extremities as well as decreased motor strength. There was a positive straight leg raise bilaterally at 40. Diagnostic imaging studies of the lumbar spine objectified disc bulges at L3-L4, L4-L5, and L5-S1. An MRI of the right shoulder noted blunting of the anterior glenoid labrum. An MRI of the cervical spine noted disc protrusions from C3 through T1. A request had been made for Tramadol and was not certified in the pre-authorization process on January 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG SIG: TAKE 1 TABLET TWICE DAILY FOR PAIN QTY: 60:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119. Decision based on Non-MTUS Citation ODG formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** According to the attached medical record, the injured employee has been taking Tramadol for an extended period of time. There have been two previous urine drug screens that do not show that the injured employee was taking this medication. Noting this inconsistency and potential medication abuse, this request for Tramadol is not medically necessary.