

<b>Case Number:</b>	CM14-0037002		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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 56 year old female with complaints of right upper extremity pain. The date of injury is 2/1/12 and the mechanism of injury is wear and tear on the job opening and closing file cabinets, pulling files, and repetitive typing leading to her current symptoms. At the time of request for tramadol hydrochloride extended release 150mg #90, there is subjective right shoulder, elbow, and hand pain and objective findings are tenderness to palpation cervical paraspinal musculature and trapezius. The axial compression test and spurling's sign test were positive. There is C6 and C7 dysesthesias, positive impingement and hawkins sign of the right shoulder. There is positive phalen's maneuver and tinel's sign of right and left wrists and hands. MRI of the cervical spine on 9/27/12 shows multi-level disc displacement C4, C5 thru C6 and C7. The diagnoses include right shoulder surgery, cervical radiculitis, carpal tunnel syndrome double crush syndrome, internal derangement left knee. The treatment to date includes medications, surgery and physical therapy. Tramadol has multi-agonist activity as well tricyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride extended release 150 mg #90 (date of service 07/01/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol has multi-agonist activity as well tricyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is no documentation of efficacy of treatment with tramadol, this medication should be discontinued and is not medically necessary.