

<b>Case Number:</b>	CM14-0037455		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 65-year-old man, with a history of hypertension and high cholesterol, who sustains a work related injury on October 16, 2012. He subsequently developed chronic neck and back pain. According to the pain management evaluation report dated March 3, 2014, the patient has been complaining of neck pain with limited range of motion associated to a severe muscle spasm. The pain was rated between 8-9/10 worsening at night interfering with his sleep. Cervical pain is also associated with tingling and numbness as well as weakness to both arms. The patient reported pain over bilateral buttock radiating to posterior and lateral aspect of bilateral thigh with numbness and tingling interfering of his activity of daily living. Physical examination of the lumbar spine revealed loss of normal lumbar lordosis, tenderness with limited range of motion. Gaenslen's test and Patrick Fabre test were positive. Straight leg raising tests were severely positive bilaterally. The patient was not able to squat fully due to muscle spasms. Sensation was intact to light touch pinprick in the lower extremities. MRI of the cervical spine taken October 26, 2012 showed extensive postoperative changes between C5 and C7 and C3 and C4. There appears to be moderate canal stenosis, cord compression and moderate to severe bilateral foraminal stenosis, right greater than left at C5-6. The patient was diagnosed with lumbar sprain/strain, sacroiliitis of the left sacroiliac joint, cervical sprain/strain, cervical disc herniation, cervical paraspinal muscle spasm, and cervical radiculitis/radiculopathy of the upper extremities. The patient has been treated with physical therapy, chiropractic manipulation, and medications (Naproxen, Vicodin, Aspirin, lisinopril, and Metoprolol). The provider requested authorization to use Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** 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 Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tramadol is not medically necessary.