

<b>Case Number:</b>	CM14-0040946		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/09/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Family 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:

This is a 50 year old male patient who reported an industrial injury on 10/9/2011, almost three (3) years ago, attributed to the performance of his job tasks. The patient complains of neck pain, right shoulder pain, right wrist pain with numbness and tingling in the hands. The patient was noted to have undergone manipulation under anesthesia of the shoulder on 11/6/2012. The patient is status post cervical epidural steroid injection on 6/14/2013. The patient had electrodiagnostic studies that were positive for carpal tunnel syndrome. The diagnoses included rotator cuff right shoulder; cervical disc degeneration; and depressive disorder. The patient was prescribed Tramadol 150 mg #60. The patient was also prescribed Naproxen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids for chronic pain Page(s):

80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-chronic pain medications; opioids.

**Decision rationale:** The prescription for Tramadol 150 mg #60 for long acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic shoulder, neck and UE pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the neck, shoulder, and UEs over the use of OTC analgesics. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for the long term treatment of chronic neck and shoulder pain. The chronic use of Tramadol is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic neck or shoulder pain. The ACOEM Guidelines updated chapter on chronic pain states "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period s). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes that "pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." The prescription of opiates on a continued long term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence based guidelines based on intractable pain. There is no demonstrated medical necessity for more than OTC medications. The prescription of Tramadol 150 mg #60 is not medically necessary.