

<b>Case Number:</b>	CM14-0051673		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 68-year-old female who was injured on 6/26/2003. The mechanism of injury is not listed in the records reviewed. The most recent progress notes dated 4/29/2014 and 5/27/2014 indicate that there are ongoing complaints of neck and low back pain. Physical examination demonstrated limited cervical/lumbar spine range of motion due to pain, positive shoulder depressor test, tenderness/spasm over paralumbar muscles, Valsalva maneuver present, positive Kemp's & Straight Leg Raise tests, deep tendon reflexes 2+ in the upper/lower extremities and motor strength 5-/5 in right hip flexor, otherwise 5/5 in the upper/lower extremities. No recent diagnostic imaging studies available for review.

Previous treatment includes cervical epidural injections and medications to include Tramadol, Omeprazole, Relafen, Flexeril and Lidoderm patches. A request had been made for Tramadol ER 150 mg #60, which is not medically necessary in the utilization review on 3/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** California Medical treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option for moderate to severe pain and documentation of improvement in function with the medication. A review of the medical records, fails to document any improvement in function or pain level with the previous use of Tramadol therefore, and the request is not medically necessary.