

<b>Case Number:</b>	CM14-0066978		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Occupational 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck pain and posttraumatic headaches reportedly associated with an industrial injury of January 25, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; a CT of the facial bones of January 26, 2013, negative for any fracture; cervical spine series of January 26, 2013, read as negative for any fracture; and a CT scan of cervical spine of January 26, 2013, again read as negative for any fracture; electrodiagnostic testing of the bilateral upper extremities dated February 20, 2014, notable for a bilateral carpal tunnel syndrome; and a CT scan of the head of January 26, 2013, again negative for any hemorrhage or fractures. In a May 1, 2014 Utilization Review Report, the claims administrator failed to approve a request for tramadol. The injured worker's attorney subsequently appealed. In a progress note dated January 14, 2014, the injured worker reported persistent complaints of neck pain. The injured worker's pain levels were not quantified. The injured worker was placed off of work, on total temporary disability. MRI imaging and electrodiagnostic testing were sought, along with a baseline functional capacity evaluation. The injured worker stated that she was better with unspecified medications. There was no further discussion of medication efficacy, however. In a later note dated March 11, 2014, the injured worker was again placed off of work, on total temporary disability. 4/10 pain was noted. The injured worker was still having issues with anxiety. The injured worker received refills of Flexeril and naproxen. While the injured worker stated that the medications were beneficial, the attending provider did not quantify the improvement or outline any improvements in function with tramadol usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF TRAMADOL 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work, on total temporary disability. The injured worker has seemingly been off of work for large swaths of the claim. The attending provider has stated that the injured worker is having difficulty performing activities of daily living. There have been no clear improvements in function or decrements in pain outlined with ongoing Tramadol usage. Therefore, the request is not medically necessary.