

<b>Case Number:</b>	CM14-0068451		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

Patient is a 45 year-old male with date of injury 11/05/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/15/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Objective findings: Examination of the cervical spine revealed pain and tenderness mainly in the right paracervical, trapezius, and interscapular musculature. Range of motion was limited in all planes and Spurling's maneuver was slightly positive on the right and negative on the left. There was positive compression head testing. There appeared to be some mildly diminished C5-6 sensory deficits in the right upper extremity and normal in the left. Diagnosis: 1. Cervical spine strain/sprain 2. Right shoulder impingement syndrome 3. Chronic headaches. The medical records supplied for review document that the patient had been taking the following medications for at least as far back as three months. Medications: 1. Tramadol HCL cap 150mg ER, #30: No SIG given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL cap 150 mg ER, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 113.

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

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation in the medical record that the patient has had functional improvement with the continued long-term use of tramadol ER.