

<b>Case Number:</b>	CM14-0081669		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 40 year-old patient sustained an injury to the right arm and shoulder on 11/13/13 from a rollover while employed by [REDACTED]. Request(s) under consideration include Tramadol 150mg, qty 60. The patient is s/p right forearm surgery in November 2013 with post-op physical therapy and continues to attend physical therapy presently three times a week. Report from the provider noted the patient with complaints of neck pain radiating to upper back and upper extremities; upper/mid/ and low back pain radiating to buttocks and lower extremities; right shoulder/ right wrist/ right hand pain rated at 2-4/10. Medications list Advid and Tylenol. Exam showed right trapezius tenderness; decreased right shoulder range with flex/ ext/ abd/ add/ IR/ ER of 140/30/140/40/70/70 degrees respectively; well-healed right forearm incision; decreased range in forearm; decreased wrist ulnar deviation; lumbar muscle tenderness with decreased range, positive SLR, 5/5 motor strength in lower legs with DTRs of 2+, and decreased sensation in L5 and S1. Diagnoses include lumbar spine radiculopathy; right shoulder internal derangement; s/p right forearm surgery; insomnia; idiopathic peripheral autonomic neuropathy. Request(s) for Tramadol 150mg, qty 60 was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management. Actions Should Include: (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  
Page(s): 74-96.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol 150mg, qty 60 is not medically necessary and appropriate.