

<b>Case Number:</b>	CM14-0091470		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 01/03/2012 who sustained injuries to her neck, upper arms, both hands, and lower legs. The injured worker's treatment history included medications, MRI studies, psychological evaluations, and consult with pain management. The injured worker was evaluated on 05/07/2014, and it is documented that the injured worker complained of cervical spine pain rated at 7/10. The injured worker was denied a C7-T1 epidural steroid injection. She reported no change in her lumbar spine symptoms. She rated the pain of her lumbar spine at 7/10. The injured worker has tried and failed conservative treatment. Objective findings: there were no functional changes in the injured worker's condition since her last office visit. The injured worker's current blood pressure was 98/54. The injured worker appeared to be in mild distress. She exhibited difficulty rising from a sitting position. She moves about gingerly with stiffness. There was tenderness to the cervical spine, cervicothoracic spine, lumbar spine, and lumbosacral spine. There was spasm present over the cervicothoracic region bilaterally. Diagnoses included cervical strain with disc herniation, lumbar spine strain with radiculopathy to the bilateral lower extremities, lumbar disc herniation, stress, anxiety, depression, and left knee strain. Medications included tramadol, Motrin, Soma, and Flexeril. Request for Authorization dated 05/12/2014 was for Tramadol 50 mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER: generic available in immediate releas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request is not medically necessary.