

<b>Case Number:</b>	CM14-0173451		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family Practice 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 is a 63 year old male who suffered a work related injury on 08/26/1998. Diagnoses include spinal stenosis in the cervical region, non-cervical spinal stenosis, ulnar nerve lesion, cervical facet syndrome, lumbar facet syndrome, lumbar radiculitis, cervical myofascial syndrome, bilateral carpal tunnel syndrome. Bilateral cubital tunnel syndrome, status-post left ulnar nerve transposition, left cubital tunnel release, and right cubital tunnel release. Utilization Review, documents treatments have included, medications, radiofrequency ablation of the medial branch nerves, home exercise program, physical therapy, cervical radiofrequency ablation, left cervical facet rhizotomy, acupuncture, and TENS unit. A progress note by the orthopedist on 08/29/2014 documents the injured worker has pain in the lumbar spine, neck pain, and pain in the pelvic brim bilaterally. Radiation of pain out to the iliolumbar area, left greater than right, radiation into the buttocks bilaterally, left greater than right and into the left lower extremity to the mid-thigh. Severity of pain at its least was 2/10, and at tis worse is 7/10. Bilateral sciatic notch tenderness is present, moderate on the right and slight on the left. Extension and rotation to either side causes ipsilateral junctional discomfort, greater on the left. The cervical-thoracic spine demonstrates the right shoulder to be down 1cm compared to the left. There is a slight concavity to the right with moderate tightness in the trapezius and paravertebral musculature bilaterally with moderate tenderness on the left at the junction extending out to the paravertebral musculature and trapezius and down to the super medial border of the scapula. Extension and rotation to the either side causes left junctional discomfort. Treatment request is for Tramadol HCL 150mg, ER # 60, 30 day supply. Utilization Review dated 09/26/2014 modified the request for Tramadol HCL 150mg, ER, # 60, 30 day supply to Tramadol HCL 150mg, ER, # 50 for progressive wean, and said certification expires on 10/26/2013. Cited for this determination was California MTUS (Medical Treatment Utilization Schedule)-Chronic Pain Treatment Guidelines-

Opioids. The treating physician's documentation does not entirely establish the medical necessity for the requested Tramadol 150mg ER, # 60, 30 day supply.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol HCL cap 150mg ER #60, 30 day supply:** 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 Tramadol Page(s): 92-93.

**Decision rationale:** According to the guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There is lack of evidence of long-term use. Although it may be beneficial for back pain, there was no indication of NSAID or Tylenol failure. The claimant had been on the maximum recommended dose of Tramadol ER. The claimant had been on Tramadol since at least April 2014 with 3-7/10 pain and with similar exam findings as in August 2014. It had been combined with NSAIDs. There was no indication for combining the classes of medications. Continued use is not medically necessary.