

<b>Case Number:</b>	CM14-0197945		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in 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 57-year-old male who reported an injury on 02/09/2013. The mechanism of injury was not provided. The injured worker had a diagnosis of cervical spine myofascial sprain/strain, cervical spondylosis, cervical radiculitis, lumbar spine myofascial sprain/strain, lumbar spondylosis, left shoulder impingement syndrome, early degenerative joint disease to the right knee, and carpal tunnel syndrome to the left hand. Prior treatments included epidural steroid injections and medication. The injured worker presented on 09/26/2014 with severe neck pain that radiated to the upper extremities, despite the epidural steroid injections. The objective findings revealed tenderness to direct palpation over the cervical spinous process, tenderness to the cervical paravertebral muscles and upper trapezius region of the left. No tenderness to the intrascapular/dorsal spine region, the left/right medial scapular muscles, or the sternocleidomastoid muscles. Range of motion with flexion at 20 degrees. Maneuver increased neck pain in the cervical paravertebral muscle. Extension was 25 degrees with increased pain. Right/left lateral flexion was 5 degrees with increased pain. Sensation was intact to the upper extremities. Reflexes were 2+ and equal and reactive. Diagnostic studies included an unofficial, MRI of the cervical spine that was performed on 02/11/2013 which revealed straightening of the normal cervical lordosis, disc protrusions at the C4-5, C5-6, and C6-7 of a 2 to 3 mm and bilateral moderate to severe neural foraminal stenosis with possible impingement on the C5-&, extending to the nerve root. The pain management specialist recommended cervical epidural steroid injections and a prescription for tramadol 50 mg. The treatment plan included Tramadol. The request for authorization dated 10/20/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL #90:** Upheld

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

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

**Decision rationale:** The request for tramadol HCL #90 is not medically necessary. The California MTUS Guidelines state central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. The documentation did not provide functional pain measurements. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The guidelines indicate that tramadol should not be a first line oral analgesic. Additionally, the request did not address a frequency. As such, the request is not medically necessary.