

<b>Case Number:</b>	CM14-0199113		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 09/30/2005. The mechanism of injury was not specified. His diagnoses include bilateral elbow pain, left shoulder pain, and bilateral wrist pain. His past treatments include narcotic medication, splinting, use of a TENS unit, and a cold/heat therapy unit. The diagnostic studies include electrodiagnostic testing of the bilateral upper and bilateral lower extremities in 05/2012. The surgical history was not provided within the documentation. On 11/10/2014, the injured worker presented with neck pain that radiated into the bilateral upper extremities, associated with numbness in his hands and shoulders. He also reported low back pain that radiated down into his bilateral lower extremities. He rated his pain 7/10 to 8/10 with medication and 9/10 without medication. The objective findings revealed tenderness to palpation of the bilateral paravertebral musculature at the C5-7 area. He was also noted to have limited range of motion in his cervical spine. The injured worker was noted to be wearing a left shoulder sling and right wrist splint. There was tenderness to palpation of the left rotator cuff and left anterior shoulder. There was decreased motor strength in left upper extremity. The treatment plan included a prescription refill for tramadol for his pain. A Request for Authorization form was submitted for review on 11/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The California MTUS Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker reported no side effects. However, there was insufficient documentation to show objective functional improvement and an assessment for aberrant drug related behavior or a urine drug screen to monitor for medication compliance and illicit drug use. Additionally, the injured worker rated his pain 7/10 to 8/10 with medications, which suggests an assessment for medication efficacy and other treatment options may need to be considered. Therefore, in the absence of this documentation and based on the medical records submitted for review, the request is not supported by the evidence based guidelines. As such, the request for tramadol HCl 50 mg #30 is not medically necessary.