

<b>Case Number:</b>	CM14-0213600		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on December 9, 2013. The mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having cervical sprain/strain neck, carpal tunnel syndrome, and lumbar sprain/strain. Treatment to date has included ultrasound, chiropractic treatments, home exercise program (HEP), TENS, physical therapy, and medication. Currently, the injured worker complains of neck and upper back pain, low back pain radiating into both buttocks, and pain and numbness radiating down the right arm from her neck. The Primary Treating Physician's report dated November 18, 2014, , noted the injured worker there for ultrasound of the full spine only, with post ultrasound pain level a 5/10, with the pain level reported to be 7/10 prior to treatment. The treatment plan was noted to include continuing ultrasound as it was noted to be helpful, pending authorizations for ortho referral for her right carpal tunnel syndrome, chiropractic treatments for her back and neck, and MRI of the neck and lumbar spine, with renewal of the Tramadol, and Norco and physical therapy for the right wrist carpal tunnel syndrome. Current medications were noted to include Norco and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS 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. Although it may be a good choice in those with back pain, the claimant's pain persisted while on the medication. The claimant had been on Tramadol along with Norco for several months. No one opioid is superior to another. There were no pain scores documented with the recent request and spine examination was not recently noted. Continued and chronic use of Tramadol is not medically necessary.

**Ultrasound of the full spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - low back chapter and ultrasound- pg 91.

**Decision rationale:** According to the guidelines, therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The guidelines do not recommend treatment with ultrasound due to lack of evidence. The claimant had already undergone ultrasound treatment. In addition, a spine exam was not performed at the time of the request. Additional treatment is not medically necessary.