

<b>Case Number:</b>	CM15-0000573		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/03/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female with a date of injury as 08/03/2014. The cause of the injury occurred when the worker was picking up some dirty trays and turning around her legs got caught on some cords on the ground causing her to fall on top of the trays hitting the left side of her face. The current diagnoses include cervicalgia, lumbago, and joint derangement-shoulder. Previous treatments include medications. Primary treating physician's reports dated 08/12/2014 through 11/19/2014, imaging studies to include CT scan, MRI, and x-ray, request for authorization reports, and doctor's first report of occupational injury or illness dated 08/07/2014 were included in the documentation submitted for review. Report dated 11/19/2014 noted that the injured worker presented with complaints that included constant pain in the cervical spine. The pain is sharp with radiation into the upper extremities. There are associated headaches and tension between shoulder blades. Pain level was noted to be 8 out of 10 and unchanged. Also reported was low back pain with radiation into the lower extremities and left shoulder pain. The pain level is also unchanged and rated as 7 out of 10. The injured worker also had complaints of severe constipation, jaw pain, facial pain with persistent bruising of her face. Physical examination revealed palpable tenderness in the cervical and lumbar spine with muscle spasms, range of motion was limited due to pain, and tenderness in the shoulder. Testing revealed positive loading compression test, Spurling's maneuver, and Hawkin's impingement signs. Treatment plan included medication refills, request for MRI and EMG/NCV studies, and request for referral to a neurologist. The physician documented that the medication refills were necessary because the medication is helping to cure and relieve the injured worker's symptomatology and

improving activities of daily living and make it possible for her to continue to work. Physician documentation dated 12/06/2014 noted that the injured worker was prescribed Tramadol for acute severe pain for a chronic orthopedic condition, and that use in the past has decreased similar acute flare-ups with the injured worker demonstrating improvement in function. The injured worker is on (TTD/Partial/modified) work restrictions. The utilization review performed on 12/24/2014 non-certified a prescription for Tramadol based on insufficient medical documentation. The reviewer referenced the California MTUS in making this decision.

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

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

**Tramadol ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without new injury, or progressive deterioration. The Tramadol ER 150mg #90 is not medically necessary and appropriate.