

<b>Case Number:</b>	CM15-0000688		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 47 year old female, who sustained an industrial injury on May 30, 2008. She has reported right elbow, shoulder and wrist pain, neck pain, insomnia, depression and anxiety and was diagnosed with chronic pain syndrome, chronic right shoulder pain, chronic right forearm pain, chronic bilateral wrist pain, reactive depression/anxiety and sleep disturbances. Treatment to date has included diagnostic studies, radiographic imaging, right shoulder surgery, physical therapy and pain medications. Currently, the IW complains of depression, anxiety, pain in the neck, back and upper extremities. The IW sustained an industrial injury in 2008, while working in a hotel. She noted progressive pain and eventually underwent a right shoulder surgery. Continued evaluations revealed chronic pain. It was noted this was a complex case in which the IW had failed the biomedical model of care. She voiced she was not certain if she could emotionally tolerate another failed surgery. It was doubtful more physical therapy would provide significant relief. On November 24, 2014, evaluation revealed continued pain. It was noted the Tramadol was now ineffective. Norco was prescribed. IT was noted she was waiting for surgical authorization and required pain medications until then to maintain the ability to perform activities of daily living. Disciplinary pain rehabilitation program evaluation [REDACTED], and methadone #60 was requested. On December 16, 2014, Utilization Review non-certified a request for disciplinary pain rehabilitation program evaluation [REDACTED], and methadone #60 was recommended, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 2, 2015, the injured worker submitted an application for IMR for review of

disciplinary pain rehabilitation program evaluation (HELP), and methadone #60 was recommended.

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

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

#### **90 Tramadol 50 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #90 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patients decrease pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are brachial neuritis; myalgia and myositis, unspecified; and depressive disorder, NEC. Subjectively, the injured worker takes all of the medication including tramadol. She finds the tramadol ineffective. Objectively vital signs are documented and normal. There were no other objective findings documented. Medications include Tramadol 50mg, Methadone Hcl 5mg, Lorazepam 1mg, Trazadone Hcl 100mg, Sertraline Hcl 50mg, Omeprazole 20mg, and Naproxen 500mg. tramadol 50 mg was certified on August 12, 2014. This is a refill. The exact start date is unclear. The documentation does not contain evidence of objective functional improvement for tramadol. However, the injured worker stated tramadol is ineffective. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement with a subjective entry by the treating physician that the tramadol is ineffective, Tramadol 50 mg #90 is not medically necessary.