

<b>Case Number:</b>	CM15-0003322		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: 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 is a 54 year old male, who sustained an industrial injury on 09/12/2012. He has reported low back pain with left lower extremity symptoms and right shoulder pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and degenerative disc disease of the lumbar spine. Treatment to date has included medications, physical therapy, aquatic therapy, and surgical intervention. Medications have included Naproxen, Cyclobenzaprine, Pantoprazole, and Tramadol ER. Surgical intervention has included a right shoulder arthroscopy, performed on 12/26/2013. A progress note from the treating physician documented a follow-up evaluation with the injured worker. The injured worker reported low back pain with left lower extremity symptoms, rating pain 8/10 on visual analog scale, and resulting in significant decline in activity/function; right shoulder pain, rating pain 7/10 on the visual analog scale; and improved maintenance of ADLs, adherence to exercise regime, and improved activity level and function with medications. Objective findings include greater range of motion. The treatment plan included request for updated MRI of the right shoulder; LSO to provide stability and facilitate maintenance of ADLs; continuation of Tramadol ER, Naproxen, Panoprazole, and Cyclobenzaprine; and follow-up evaluation in 3 weeks. On 12/15/2014 Utilization Review non-certified a prescription for Tramadol ER 150 mg 2 By Mouth #60, noting the lack of documentation to support improvements and functionality while taking this medication. The MTUS, Chronic Pain Medical Treatment Guidelines: Tramadol was cited. On 01/07/2015, the injured worker submitted an application for IMR for review of Tramadol ER 150 mg 2 By Mouth #60.

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

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

**Tramadol ER 150 MG 2 By Mouth #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. Medical records document objective evidence of pathology on physical examination. The primary treating physician's progress report dated 11/10/14 documented low back pain with left lower extremity symptoms, right shoulder pain, cervical pain with increased involvement of right upper extremity. Right shoulder surgery was performed December 2013. Physical examination documented tenderness of the lumbar spine and lumboparaspinal musculature with spasm. Lumbar range of motion was decreased. Lower extremity motor weakness was demonstrated. Right shoulder tenderness was noted with positive impingement signs and positive Jobe test. Per MTUS, Tramadol is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol. Therefore, the request for Tramadol ER 150 mg is medically necessary.