

<b>Case Number:</b>	CM15-0003976		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona

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 53-year-old male who reported an injury on 01/22/2014 due to an unspecified mechanism of injury. On 12/04/2014, he presented for a followup evaluation. It was stated that he had undergone physical therapy and traction and stated that he found mild relief with traction therapy. He continued to complain of neck pain and pain in his head and reported a pins and needle sensation near the base of his skull. A physical examination of the cervical spine showed full range of motion in flexion, extension and rotation, and neural foraminal compression test was negative bilaterally. The lumbar spine showed no abnormalities and he had 5/5 strength in the bilateral upper and lower extremities. Sensation was intact to light touch bilaterally in the upper and lower extremities. Straight leg raise was negative, Phalen's test was negative bilaterally, and Tinel's test was negative bilaterally in the bilateral wrists and elbows. Reflexes were 2/4 in the upper and lower extremities. He was diagnosed with cervical spondylosis. His medications included tramadol 50 mg every 8 hours as needed for pain. The treatment plan was for tramadol 50 mg #90. The rationale for treatment was to continue to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker continued to complain of neck and head pain. There is a lack of documentation showing that this medication has provided the injured worker with a quantitative decrease in pain. There is also a lack of evidence showing that he has been screened for aberrant drug taking behaviors with urine drug screens or CURES reports. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.