

<b>Case Number:</b>	CM15-0006456		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female who reported cumulative trauma from 08/22/2011 to 09/13/2011. Her relevant diagnoses include headache, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, and insomnia. Her past treatments were indicated to be medications. On 11/21/2014, the injured worker complained of neck pain and headaches rated 9/10 that radiated to the upper extremities, right greater than left with associated numbness. The injured worker also complained of low back pain radiating to the lower extremities associated with numbness. The physical examination of the cervical spine revealed tenderness and spasms with decreased range of motion. The examination of the lumbar spine revealed tenderness and spasms noted with decreased range of motion. Her relevant medications were noted to include Norco 5/325 and compound topical creams. The treatment plan included Retro: Tramadol HCL ER (ultram) 150mg #60 DOS: 11/21/2014 to provide sufficient pain relief. A request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Tramadol HCL ER (ultram) 150mg #60 DOS: 11/21/2014: Upheld**

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

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

**Decision rationale:** The request for Retro: Tramadol HCL ER (ultram) 150mg #60 DOS: 11/21/2014 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens require ongoing monitoring and documentation in regard to pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The injured worker was indicated to have been on tramadol for an unspecified duration of time. However, there was lack of documentation in regards to objective functional improvement, objective decrease in pain, events of monitoring for side effects with medication use and a current urine drug screen for monitoring of aberrant drug related behaviors. In the absence of the above, the Retro request is not supported by the evidence based guidelines. As such, the request is not medically necessary and preauthorization should have been obtained prior to prescribing the medication.