

<b>Case Number:</b>	CM15-0133361		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	11/15/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 43 year old male, who sustained an industrial injury on 11/15/14. Initial complaint was of a left shoulder injury. The injured worker was diagnosed as having closed comminuted fracture/contusion left shoulder; left shoulder sprain/strain; headache; cervical sprain/strain; lumbar sprain/strain; anxiety; depression. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of occasional slight headaches; frequent neck pain moderate in severity described as dull, aching and throbbing pain. The pain can become moderate to severe neck pain and is increased with looking up and down and to the left and right with sudden movements in any directions. He complains of lumbar spine pain as frequent, moderate to severe with an aching sensation becoming moderate to severe described as throbbing, aching, stabbing sensation. It is worsened with repetitive bending, walking twisting, pulling and pushing, standing for prolonged periods of time, lifting. His shoulder pain is rated moderate to severe and pain is described as aching, sharp knife-like, stabbing, and throbbing pain. Exacerbation include reaching above shoulder level or overhead pulling and pushing changes and in weather. He has continued problems with sleeping through the night due to pain and then restless days because of not being able to sleep. He complains of time of poor concentration, poor memory, tired, sad, worries a long, crying spells and feels desperate. Other times he reports irritability, nervousness and anxiety. He denies suicidal ideation. On physical examination there is tenderness documented to palpation of the bilateral trapezii, bilateral upper trapezii, C4-C7 spinous processes, cervical paravertebral muscles, left sternocleidomastoid, spinous processes and suboccipital. There is muscle spasm of the cervical paravertebral muscles, left

sternocleidomastoid and left trapezius. Cervical compression causes pain. There is tenderness to palpation of the L3-L5 spinous processes, L5-S1 spinous processes, lumbar paravertebral muscles and spinous processes. There is muscle spasm of the lumbar paravertebral muscles. Straight leg raise cause him pain. He has tenderness to the left AC and left sternal clavicular junction with a protuberance of the left lateral one third clavicle. He has tenderness to palpation of the acromioclavicular joint, anterior shoulder, biceps, bicipital groove, inferior border of the scapula, lateral shoulder, levator scapulae, and medial border of the scapula, posterior shoulder, rhomboid, supraspinatus, trapezius and triceps. There is muscle spasm of the anterior shoulder and lateral shoulder. The provider is requesting authorization of Tramadol HCL tab 50mg #60.

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

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

**Tramadol HCL TAB 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant had been on NSAIDs and Muscle Relaxants for several months along with Tramadol. Pain scores were not routine documented. Continued and chronic use of Tramadol is not medically necessary.