

<b>Case Number:</b>	CM15-0138488		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Emergency 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 43 year old female who sustained an industrial injury on 12/5/11. Diagnoses are contusion of face, scalp and neck except eye, depressive disorder not elsewhere classified, atypical face pain, and chronic pain syndrome. In a psychiatric panel qualified medical examination, dated 4-27-15, the physician notes the mechanism of injury as a motor vehicle accident. As a result of the accident, she suffered severe injuries to her mouth and the soft tissue of the side of her mouth. She was hospitalized. Extensive orthopedic, cosmetic, and dental injuries occurred as a result of the accident. She lost five teeth on the top and front side of her maxilla and 5 teeth on the bottom right side of her mandible. Extensive reconstructive surgery was necessary. Maintenance treatment of her dental injuries continues. In a visit note-followup visit dated 6-11-15, the treating physician notes complaints of facial pain rated at 8 out of 10. It radiates to the left shoulder and mouth. She tolerates medications well and shows no evidence of developing medication dependency. Quality of sleep is poor. There are complaints of apprehension and she has been experiencing depressive symptoms. Current medications are Paxil, Lunesta, Amitriptyline HCL, Tramadol, Xanax, and Atenolol. Exam of the cervical spine reveals paravertebral muscle spasm and tenderness. Tenderness at the trapezius and cervical facet loading is positive on both sides. Right and left shoulder exam reveal a positive Hawkin's test and Neer test. Shoulder crossover test is positive as well. Pain is noted with a forceful bite. She is temporarily totally disabled until the next appointment. A urine drug screen report dated 2-11-15 notes results are consistent. The requested treatment is Tramadol HCL 50mg #60 and Xanax 0.5mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been on this medication chronically and has continued severe pain. Patient is also noted to be on multiple antidepressants including Paxil and Amitriptyline all of which can interact with tramadol and lead to significant serotonin syndrome and other side effects. The lack of documentation of improvement in pain and function and significant risk of side effect does not support continued use of tramadol. Therefore, the request is not medically necessary.

**Xanax 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. It is unclear from documentation if patient is taking this for pain, muscle spasms, anxiety or insomnia. Either way, patient has been chronically on this medication with no documentation of efficacy for whatever is being treated. The number of tablets are not appropriate for intermittent use but chronic persistent use. Xanax is not medically necessary.