

<b>Case Number:</b>	CM15-0139522		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

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 49 year old male, who sustained an industrial injury on 1-6-2009. Diagnoses have included cervical disc disease, cervical radicular symptoms, bilateral shoulder pain-stiffness, bilateral lateral epicondylitis, bilateral hand pain, status post explosion burn injury and anxiety disorder. Treatment to date has included physical therapy, home exercise program, acupuncture and medication. According to the progress report dated 6-4-2015, the injured worker complained of constant neck pain radiating to the bilateral upper extremities, right greater than left. He stated that neck pain led to headaches. He reported that oral and topical medications provided 60 percent pain relief. He was noted to be working full time. He had a panic attack recently and had started counseling with good benefits. He rated his pain as seven to eight out of ten without medications and three-four out of ten with medications. Objective findings revealed hypo-reflexic upper extremities with absent right bicep reflex. Authorization was requested for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL (hydrochloride) 50 mg Qty 60, 30 day supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113; 91, 76-78, 43, 74, 86, 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in January 2009 and continues to be treated for radiating neck pain. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10. The claimant is working without restrictions. When seen, there was decreased cervical spine range of motion with decreased right upper extremity sensation and decreased upper extremity reflexes. Norco and tramadol were prescribed at a total MED (morphine equivalent dose) of approximately 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. The claimant continues to work without restrictions. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.