

<b>Case Number:</b>	CM15-0145725		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 56 year old female who sustained an industrial injury on 07/08/2010. The worker reported gradual development of pain, numbness and weakness at the neck, shoulders, elbows, wrists, hands, lower back and legs. The injured worker was diagnosed as: Cervical discopathy with chronic cervicalgia and MRI evidence of two anterior disc protrusions at C4-C5 and C5-C6; Lumbar discopathy with MRI evidence of two posterior protrusions at L4-L5 and L5-S1; Bilateral carpal tunnel -cubital tunnel syndrome; Double crush syndrome- MRI evidence of a 7mm osteochondritis; Dissecans in the medial aspect of radial head with 5 mm subchondral cysts in distal lateral humeral condyle, right elbow; MRI evidence of fracture versus pseudo-fracture of capitate, left wrist; Bilateral shoulder impingement; Partial tear of supraspinatus tendon, left shoulder per MRI; Likely full thickness tears in the critical insertion zone of supraspinatus tendon with superior labral tear, right shoulder per MRI. Treatment to date has included oral medications, physical therapy, injections, and injections into the right shoulder joint and topical medications. Currently, the injured worker complains of constant sharp pain in the cervical spine that is aggravated by repetitive motions of the neck. The pain radiates into the upper extremities with associated tingling and numbness. The IW also of headaches that is migrainous in nature as well as tension between the shoulder blades. On a scale of 1-10, her pain is an 8. She complains of constant throbbing bilateral wrist pain, right greater than left, also aggravated by repetitive movements. The pain is rated an 8 on a scale of 1-10. She has bilateral shoulder pain, and bilateral elbow pain. The shoulder pain is aggravated by forward reaching, lifting pushing and pulling and working at or above the shoulder level. The elbow pain is

aggravated by lifting and pushing, pulling, grasping, and torquing activities. She also has right hip pain aggravated by lifting, ascending and descending stairs, twisting, bending and prolonged sitting. She has difficulty sleeping secondary to pain. On exam, the cervical spine has palpable paravertebral muscle tenderness with spasm. Range of motion is limited with pain. A positive axial loading test is noted. There is tingling and numbness that correlates to a C5-6, C6-7 dermatomal pattern. There is 4 out of five strength in the muscles of the arms and fingers in the C5 to C7 pattern. The shoulders have tenderness around the anterior glenohumeral region and subacromial space. Rotator cuff function appears intact. There is no clinical evidence of instability on exam. The elbows are bilaterally tender at the medial aspect. There is pain with terminal flexion. There is full sensation in the ulnar digits. The wrists and hands have tenderness over the volar aspect of the wrists. There is diminished sensation in the radial digits. The lumbar spine has palpable paravertebral muscle tenderness with spasm. There is tingling and numbness in a L5-S1 dermatomal pattern. The right hip has pain and tenderness in the anterolateral aspect of the hip, and there is pain with hip rotation. The treatment plan includes medications for pain. A request for authorization was made for Tramadol ER 150mg Qty: 30 once a day as needed for severe pain.

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

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

**Tramadol ER 150mg Qty: 30 once a day as needed for severe pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in July 2010 and is being treated for chronic neck, low back, shoulder, elbow, wrist, hand, and leg pain. When seen, there was decreased spinal range of motion with tenderness and muscle spasms. There was pain with elbow, shoulder, wrist, hand, and right hip range of motion. Shoulder impingement testing was positive. Tinel, Phalen, and wrist compression tests were positive. Spurling and cervical compression tests were positive. Upper extremity and lower extremity strength and sensation were decreased. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Dosing is regular administration at 24 hour intervals, not on an as needed basis. The request is not appropriate or medically necessary.