

<b>Case Number:</b>	CM15-0146682		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 55-year-old male with an industrial injury dated 01-25-2011. The injured worker's diagnoses include status post C5-6 anterior cervical fusion (ACF), right C5 radiculopathy, stenosis and myelopathy C3-C5. Treatment consisted of cervical Magnetic Resonance Imaging (MRI), cervical X-ray, prescribed medications, acupuncture, physical therapy and periodic follow up visits. In a progress report dated 05-15-2015, the injured worker presented for his industrial cervical spine injury. The injured worker reported continued right upper extremity pain and weakness of the right deltoid. Physical exam revealed a healed wound and weakness of the right deltoid. In a progress note dated 06-08-2015, the injured reported significant improvement of right arm symptoms. The injured worker reported less pain, numbness, and improvement in weakness and functional use of right arm. Physical exam revealed improved strength of the right deltoid with no numbness noted. In a more recent progress note dated 07-08-2015, the injured worker reported improvement in right shoulder strength and that he was otherwise asymptomatic. The treating physician reported that the right deltoid strength was almost normal with full range of motion of the right shoulder. Treatment plan consisted of return to work without restrictions and follow up appointment. The treating physician prescribed Ultram 50mg QTY: 60, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81, 94.

**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, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, there were no pain scores or note of failure of Tylenol/NSAIDS. Ultram is not 1st line for shoulder pain. Justification for its use was not provided. The Ultram (Tramadol) is not medically necessary.