

<b>Case Number:</b>	CM15-0160609		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old male, who sustained an industrial injury on 1-24-2013. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having traumatic musculoligamentous strain of the cervical spine with spondylosis, bilateral upper extremities radiculitis, traumatic musculoligamentous strain of the lumbar spine, left lower extremity radiculitis, traumatic left shoulder impingement with subacromial bursitis, tendinitis and superior labral tear. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-16-2015, the injured worker complains of cervical spine pain, radicular pain of the bilateral upper extremities, left shoulder pain, left elbow pain and low back pain, radiating to the left lower extremity. Physical examination showed cervical tenderness with decreased range of motion, left shoulder tenderness with decreased range of motion, left elbow tenderness and lumbar tenderness with decreased range of motion. The treating physician is requesting Tramadol 50 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS discusses in detail the 4As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.