

<b>Case Number:</b>	CM15-0161181		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/15/2003
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 51 year old female who sustained an industrial injury on 03-15-2003. According to a progress report dated 07-20-2015, the injured worker reported neck pain that was rated 5 on a scale of 1-10 with medication which increased to 9 without medication. Bilateral shoulder pain was rated 4 with medication and increased to 8 without medication. Bilateral arm and hand pain was rated 3 with medication and increased 6 without medication. Back pain was rated 4 with medication and 7 without medication. The injured worker reported an 80% reduction in right shoulder pain following a recent corticosteroid injection. She had completed 8 sessions of physical therapy for the neck and right shoulder, which had been beneficial. Current medication regimen included Norco, Prevacid and Tramadol. Assessment included status post bilateral carpal tunnel release right and left, status post C5-6 and C6-7 anterior cervical fusion, C6-7 pseudarthrosis, bilateral cervical radiculopathy, right shoulder impingement syndrome and AC degenerative joint disease and C4-5 disc degeneration and stenosis. The treatment plan included additional sessions of physical therapy, Tramadol 50 mg 1 by mouth three times a day as needed #90. The provider noted that the injured worker had good analgesic effects, increased activities of daily living with use of medications, no significant adverse and side effects and no concern for aberrant behavior. There was also a current pain contract on file. Currently under review is the request for Tramadol 50 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-term users of opioids Page(s): 9, 78, 88.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, documentation shows long-term use of Tramadol. The treating provider did not document the least reported pain over the period since the last assessment, average pain, how long it takes for pain relief after taking opioid and how long pain relief lasts. Urine drug screens were not submitted for review. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.