

<b>Case Number:</b>	CM15-0169536		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/23/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: 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 48 year old female, who sustained an industrial injury on November 23, 2009, incurring right hip, left shoulder, neck, low back, left hip, right knee and left hand injuries. She was diagnosed with Lumbar degenerative disc disease, lumbar radiculopathy, lumbar spine stenosis, and left shoulder impingement syndrome. Treatment included chiropractic sessions, steroid injections to the left shoulder, pain medications, anti-inflammatory drugs, proton pump inhibitor, pain medications, laxatives, muscle relaxants, and activity restrictions. On March 19, 2015, an Magnetic Resonance Imaging of the left shoulder revealed an intact rotator cuff without partial tears but a chronic non-displaced labrum tear. Currently, the injured worker complained of ongoing left shoulder, lower back, bilateral hips and right knee pain. She complained of constant, aching and sharp pain with numbness and tingling in both hips radiating into her legs. She rated her pain 10 out of 10 without medications, and with medications, she rated her pain 6-7 out of 10. The treatment plan that was requested for authorization on August 28, 2015, included a prescription for Tramadol. On August 19, 2015, the request for a prescription for Tramadol was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 180, 1-2 by mouth 3 times daily as needed for mild to moderate pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50 mg Qty 180, 1-2 by mouth 3 times daily as needed for mild to moderate pain is not medically necessary or appropriate.