

<b>Case Number:</b>	CM15-0169905		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	10/08/2015	<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: 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 60 year old male, who sustained an industrial injury on September 1, 2009. Currently, the injured worker reports pain in the neck, upper back and bilateral shoulders with radiation to both arms, with numbness and tingling in both upper arms. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, cervical spondylosis, shoulder arthropathy, displacement of cervical intervertebral disc without myelopathy, and disorders of bursae and tendons in shoulder region. The Treating Physician's progress report dated July 7, 2015, noted the injured worker rated his pain as 4, 2 at its best, and 6 at its worst, on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain. The pain was noted to be relieved with rest, medications, and heat. The injured worker was noted to have intermittent heartburn and nausea partially mitigated by Omeprazole, tolerates Flexeril, and reported significant drowsiness and tremor attributable to Gabapentin, and reported constipation. Physical examination was noted to show the injured worker with a non-antalgic gait, cervical, thoracic, and lumbar normal curvatures maintained, and no evidence of kyphoscoliosis. The cervical spine was noted to have tenderness to palpation over the bilateral cervical paraspinal muscles. The right shoulder was noted to have positive Hawkin's test bilaterally, positive drop arm test on the left and positive impingement test on the left. The sensory exam was noted to show diminished sensation in the right C6 and C7 dermatomes of the upper extremities. The Physician noted the injured worker had failed all medical treatment options, remaining functionally impaired with a delay in returning to work. The physical exams, dated May 19, 2015, and July 7, 2015, revealed no change in the injured worker's reported pain, work status, or physical examination. The treating physician indicates that an electromyography

(EMG)-nerve conduction study (NCS) from November 4, 2013, was an abnormal study with evidence suggestive of ongoing cervical radiculopathy involving the bilateral C5-C6 nerve roots. A random urine toxicology report was noted to have negative results. The injured worker's treatments were noted to have included medications, including the current Cyclobenzaprine, Anaprox, Omeprazole, Docuprene, Lidoderm patches, and Tramadol, prescribed since at least November 18, 2014. The request for authorization dated July 30, 2015, was for a retrospective request for Tramadol 150mg #30 for the dates of service of May 19, 2015, and July 7, 2015. The Utilization Review (UR) dated August 19, 2015, modified the request to Tramadol 150mg #20 without any refills.

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

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

**Retrospective request for Tramadol 150mg #30 (DOS: 5/19/15 and 7/07/15): 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 for chronic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score reduction with the use of Tramadol was not provided. The claimant had been on Tramadol for several months in combination with NSAIDs for several months. There was mention of continued pain and failed medical treatment while the claimant was on Tramadol. The Tramadol on the dates in question above was not medically necessary.