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| <b>Case Number:</b>   | CM15-0181749 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 10/10/2013 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 09/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2015 |

### 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 Jersey, New York

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 37 year old female, who sustained an industrial injury on 10-10-2013. Medical records indicate the worker is undergoing treatment for cervical spondylosis, cervical radiculopathy, subacromial bursitis, shoulder injury and drug therapy. A recent progress report dated 8-25-2015, reported the injured worker complained of right shoulder and neck pain, rated 6 out of 10 with medications and 9 out of 10 without medications. Physical examination revealed right shoulder positive impingement test, right shoulder flexion 120 degrees, abduction 120 degrees and internal and external rotation 60 degrees. Cervical range of motion was abnormal at 20 degrees flexion and 10 degrees of extension. Cervical magnetic resonance imaging from 12-2014 showed minimal early disc degeneration cervical 4-7. Treatment to date has included surgery, home exercise program, steroid injections, physical therapy and medication management. Current medications include Tramadol, Pamelor and Neurontin since at least 5-18-2015. On 8-28-2015, the Request for Authorization requested Tramadol 50mg #120. On 9-4-2015, the Utilization Review noncertified the request for Tramadol 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 #120:** 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.

**Decision rationale:** The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. Patient is on multiple medications that decrease his pain from 9 to a 6/10. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Objective documentation of functional improvement was not included. Because of these reasons, the request for Tramadol is not medically necessary.