

<b>Case Number:</b>	CM15-0187367		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old female sustained an industrial injury on 6-30-09. Documentation indicated that the injured worker was receiving treatment for degeneration of cervical intervertebral disc, knee osteoarthritis, shoulder joint pain and depression. Past medical history was significant for asthma and hypertension. Previous treatment included cervical epidural steroid injections, injections, bilateral shoulder surgery (most recent November 2014), left knee surgery, physical therapy, home exercise and medications. In the only documentation submitted for review, a PR-2 dated 9-9-15, the injured worker complained of ongoing pain in the neck, right shoulder and bilateral upper extremities. The injured worker also reported increased swelling in the knee. The injured worker was currently participating in postoperative physical therapy for the left shoulder with improved range of motion. The physician noted that the injured worker had been using Flector patches daily but they had been denied by insurance. The injured worker was now using Pennsaid drops for topical pain relief with 50% reduction in pain and allowance for continued physical therapy. The physician noted that the injured worker could walk, do home exercise and activities of daily living with medications. Physical exam was remarkable for a "waddling" gait, normal posture and intact sensation throughout. The physician documented that cervical magnetic resonance imaging showed disc bulges at C3-4 and C6-7 effacing the thecal sac. The treatment plan included continuing medications (Cyclobenzaprine, Tramadol, Pennsaid and Flector patches). On 9-16-15, Utilization Review non-certified a request for Tramadol 50mg #60 with three refills.

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

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

**Tramadol 50mg, #60 with 3 refills:** Overturned

**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:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is medically necessary to the patient at this time.