

<b>Case Number:</b>	CM15-0195518		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 44-year-old female who sustained an industrial injury on 09-29-2008. A review of the medical records indicated that the injured worker is undergoing treatment for cervicobrachial syndrome, right shoulder and hand tenosynovitis, thoracalgia, headaches and insomnia. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience neck, right shoulder, forearm, wrist and hand pain, headaches and insomnia. The injured worker rated her headaches at 8 out of 10, posterior neck pain radiating to both shoulder blades as 8 out of 10, right shoulder, hand and wrist pain at 9 out of 10 associated with weakness, stiffness, numbness and tingling and muscle spasms of the right hand. Examination demonstrated tenderness in the cervical region with mild hypertonicity bilaterally. Bilateral maximum compression and shoulder depression were positive with negative Spurling's. Range of motion of the cervical spine was decreased. The right shoulder and upper extremity showed exquisite tenderness, even to light palpation with decreased range of motion and pain on movement. The right wrist demonstrated mild edema and rubor with decreased grip strength. Motor strength of the right upper, forearm, wrist and fingers were noted as 4 out of 5. Prior therapies or surgical interventions were not documented in the review dated 08-20-2015. Current medications were listed as Hydrocodone 10mg-325mg twice a day, Tramadol ER, Norco 10mg-325mg three times a day, Cymbalta, Lyrica, Trazodone, Naproxen, Fluoxetine, Xanax, Amitiza and Omeprazole. Treatment plan consists of neurology and internal medicine consultation,

continuing medication regimen and the current request for Tramadol ER 150mg #80. On 09-08-2015, the Utilization Review determined the request for Tramadol ER 150mg #80 was not medically necessary.

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

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

**Tramadol ER 150mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol ER to justify use. The medical necessity of tramadol is not substantiated.