

<b>Case Number:</b>	CM15-0195813		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 32 year old female, who sustained an industrial injury on December 9, 2014. She was diagnosed with cervical disc disease, cervical disc protrusion, cervical sprain, lumbar disc protrusion, lumbar sprain, right elbow epicondylitis, bilateral carpal tunnel and bilateral plantar fasciitis. Treatment included steroid injection to the right elbow, three physical therapy sessions, chiropractic sessions, wrist splinting, and activity restrictions. Currently, the injured worker complained of persistent neck, back and right elbow pain. She noted neck pain and stiffness with frequent headaches radiating into her shoulders. The pain was increased with flexion, extension and rotation of the neck. The injured worker complained of ongoing low back pain radiating into the buttocks and down both legs and was increased with climbing stairs, bending, kneeling and lifting activities. Her pain was aggravated with prolonged sitting and standing. The treatment plan that was requested for authorization on September 18, 2015, included a retrospective prescription for Tramadol XR 150 mg #30 with a date of service of August 18, 2015. On September 15, 2015, a request for a prescription of 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:

**Retro Tramadol XR 150 mg #30 with a dos of 8/18/2015: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The injured worker sustained a work related injury on December 9, 2014, cervical disc disease, cervical disc protrusion, cervical sprain, lumbar disc protrusion, lumbar sprain, right elbow epicondylitis, bilateral carpal tunnel and bilateral plantar fasciitis. Treatment included steroid injection to the right elbow, three physical therapy sessions, chiropractic sessions, wrist splinting, and activity restriction. The medical records provided for review do not indicate a medical necessity for. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Also, the MTUS recommends that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Furthermore, the MTUS recommends that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Additionally, the MTUS recommends that baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The medical records do not indicate the injured worker was receiving any medication before this time; therefore it was not medically necessary to start the injured worker on Tramadol without failed trial of first line oral analgesic. Additionally, the severity of pain was not documented in numerical scale. NOT MEDICALLY NECESSARY.