

<b>Case Number:</b>	CM15-0199371		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Florida, California

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 46 year old female, who sustained an industrial injury on 07-02-2012. She has reported injury to the neck and right shoulder. The diagnoses have included contusion skull; chronic occipital cervical headaches; cervical spondylosis; worsening cervical radiculitis; right shoulder bicipital tendinitis; and right scapula and trapezius trigger point tendinitis. Treatments have included medications, diagnostics, injections, and occipital nerve block. Medications have included Tramadol ER, Provigil, Lyrica, Suboxone, Effexor, and Xanax. A progress note from the treating physician, dated 06-26-2015, documented an evaluation with the injured worker. The injured worker reported an almost constant slight to moderate pain in the neck on the right side, with moderate and almost constant radicular pain into the right upper and lower arm-shoulder; the pain is made worse by activities which require prolonged flexion and-or repetitive rotation of the neck; her present condition has somewhat improved regarding her headaches as she experiences good relief of pain with the use of Ultram ER; and she has not had any lasting improvement with cortisone injections into her trapezius and right shoulder. Objective findings included no acute distress; very slightly limited range of motion with discomfort on the right side of the neck on terminal rotation to the left; slight tenderness on palpation in the posterior cervical paravertebral muscles on the right side; moderate tenderness over the right brachial plexus; distraction and compression tests produce right arm pain; slight tenderness of the right shoulder anteriorly in the subacromial bursa; moderate tenderness over the bicipital tendon on the right side; and moderate tenderness in the right scapula and trapezius muscle trigger points. The treatment plan has included the request for Tramadol 150mg ER #100, 3 refills. The original utilization review, dated 09-16-2015, non-certified the request for Tramadol 150mg ER #100, 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg ER #100, 3 refills:** 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.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) page 12, 13 83 and 113 of 127. This claimant was injured now over three years ago. There is ongoing neck pain. There was subjective good relief with the medicine, but the objective, functional benefit is not noted out of this clearly long-term usage of tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.