

<b>Case Number:</b>	CM15-0199973		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 July 31, 2008, incurring upper back and left shoulder injuries. She was diagnosed with cervical sprain, cervical facet joint pain, left shoulder internal derangement and left shoulder impingement, left wrist internal impingement and right wrist strain. Treatment included physical therapy, acupuncture, chiropractic sessions, transcutaneous electrical stimulation unit, left shoulder injections, pain medications, anti-inflammatory drugs, activity restrictions, and work modifications. Currently, the injured worker complained of pain and tenderness of the left shoulder and bilateral wrists. She noted painful range of motion of the wrists and shoulder. Cervical range of motion was restricted by pain in all directions. Prolonged sitting, driving with any activities and lying down exacerbated the pain. She had little pain relief with pain medications, acupuncture, physical therapy and chiropractic sessions. The treatment plan that was requested for authorization included a prescription for Tramadol 37.5-325 mg #180. On September 21, 2015, a request for a prescription for Tramadol was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

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

**Decision rationale:** The patient presents with pain and tenderness of the left shoulder and bilateral wrists. The current request is for Tramadol 37.5/325mg #180. The treating physician states, in a report dated 09/02/15, "Current medications: Tramadol 37.5/325mg q.d.-b.i.d." (7B) MTUS pages 88, 89 states, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, no such documentation is provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, none of the MTUS requirements are documented. There is inadequate documentation provided to show medication efficacy. The current request is not medically necessary.