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| Case Number: | CM15-0200871 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 07/11/2011 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 58 year old female who sustained a work-related injury on 7-11-11. Medical record documentation on 9-2-15 revealed the injured worker was being treated for C6-C7 disc protrusion with bilateral foraminal stenosis, right upper extremity radicular symptoms, status post right shoulder decompression, status post bilateral carpal tunnel release in 2013 and 2014, double crush injury and depression. She was status post right C6-C7 epidural steroid injection under fluoroscopy on 8-27-15 and reported 60% improvement in symptoms. She noted improvement in the right side neck and arm pain following the injection yet she continued with discomfort in the right shoulder, bilateral elbows and bilateral wrists. She noted that numbness had decreased since the injections. She had continued achiness with movement of her head. She had six visits of physical therapy and two visits of acupuncture therapy previously and her medication regimen included Tramadol ER for baseline pain control. She reported that a trial of Tramadol ER for pain was helpful; however, it caused xerostomia. She rated her pain a 4 on a 10-point scale following the epidural steroid injection and an 8 on a 10-point scale without treatment. Objective findings included tenderness to palpation over the bilateral cervical paraspinal muscles with mild spasms and negative twitch response. Her cervical spine range of motion included flexion to 50 degrees, extension to 30 degrees, and bilateral rotation to 50 degrees. She had global weakness in the right upper extremity as compared to the left and had slight improvement in hypoesthesia in the right C6-C7 dermatomes. The evaluating physician requested that the injured worker trial Tramadol 50 mg rather than Tramadol ER as this caused

Xerostomia. A request for Tramadol 50 mg #60 was received on 9-11-15. On 9-16-15 the Utilization Review physician determined Tramadol 50 mg #60 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 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the majority of pain relief was obtained from invasive procedures. There was no indication of failure of other medications options. The Tramadol had caused side effects in the past. It is not intended for long-term use. Continued use of Tramadol is not medically necessary.