

<b>Case Number:</b>	CM15-0204135		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 51 year old male, who sustained an industrial injury on 09-24-2012. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervicalgia; cervical myofascial strain; cervical facet arthropathy; lumbago; lumbar radiculopathy; lumbar facet arthropathy; and right shoulder impingement syndrome. Treatment to date has included medications, diagnostics, lumbar medial branch blocks, acupuncture, chiropractic therapy, cervical epidural steroid injection; lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Lyrica, Cymbalta, and Prilosec. A progress note from the treating physician, dated 09-18-2015, documented a follow-up visit with the injured worker. The injured worker reported whole body pain; since his last visit, his symptoms are persistent; he has completed 3-4 sessions of physical therapy which included massage therapy and stretching; his pain is mildly decreased following this therapy; constant, aching neck pain; headaches from the base of the skull to the top of the head; constant radiating aching and numbness that radiates down the bilateral upper extremities to the bilateral wrists; increased numbness in the right hand; constant low back pain; aching pain and weakness that radiates down the bilateral lower extremities to the ankles; intermittent numbness and tingling in the bilateral feet; he currently rated the pain at 9-10 out of 10 at the time of evaluation; he is currently taking Prilosec and Cymbalta; and he states he has not taken Norco or Lyrica due to denials. Objective findings included moderate limitation of right shoulder abduction with passive range of motion; pain with right shoulder extension; tenderness to palpation at the bilateral trapezii, bilateral paraspinals at C3-C6, L1-L5, right shoulder acromioclavicular joint, and posterior right shoulder capsule; and severe limitation of cervical flexion, lumbar extension, and bilateral side-bending. The treatment plan has included the request for Tramadol-Acetaminophen 37.5-325mg #90. The original utilization review, dated 10-05-2015, non-certified the request for Tramadol-Acetaminophen 37.5-325mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol APAP 37.5/325ng #90:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case there is insufficient evidence in the records of 9/18/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified, not medically necessary.