

<b>Case Number:</b>	CM15-0204431		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

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 63 year old female, who sustained an industrial injury on 07-02-2007. Medical records indicated that the injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, lumbar spine sprain-strain, and cervical spine degenerative changes. Treatment and diagnostics to date has included cervical spine MRI and use of medications. Medications have included Tramadol (since at least 05-19-2015), Naproxen, and Omeprazole. Subjective data (08-18-2015 and 09-14-2015), included pain. Objective findings (08-18-2015) included decreased right shoulder range of motion. The request for authorization dated 09-14-2015 requested Tramadol 50mg #60. The Utilization Review with a decision date of 10-09-2015 modified the request for Tramadol 50mg tablet #60 for the lumbar, thoracic, and cervical to Tramadol 50mg #54 for the lumbar, thoracic, and cervical to allow for weaning (10% every 4 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 MG #60 for The Lumbar, Thoracic and Cervical: Upheld**

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

**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 current request is for Tramadol 50 mg #60 for the lumbar, thoracic and cervical. The RFA is dated 09/14/15. Treatment history include right shoulder arthroscopy, physical therapy and medications. The patient is retired. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/14/15, the patient presents with chronic neck, back and right shoulder pain. Objective findings included decreased right shoulder range of motion. Current medications include Tramadol, Naproxen, and Omeprazole. The treater states "the patient's narcotic control is well-managed. She signed a prescription drug contract." This patient has been prescribed Tramadol since at least 02/17/15. Reports 02/17/15 through 09/14/15 provide no discussion regarding medication efficacy. There are no documentation of specific functional improvement, or changes in ADL's to document significant improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain, either. Given the lack of documentation as required by MTUS for opiate management, the request IS NOT medically necessary.