

<b>Case Number:</b>	CM15-0027024		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

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:

This 58-year-old female sustained an industrial injury on 6/21/11. She subsequently reports ongoing neck and shoulder pain. The injured worker underwent right shoulder surgery in 2011. Diagnoses include cerviclagia and displacement of cervical disc with myelopathy. An MRI of the right shoulder was completed in August 2014 and MRIs of the cervical and lumbar spine were completed in November of 2014. Treatments to date have included a neck brace, injections and prescription pain medications. On 1/30/15, Utilization Review partially-certified a request for Tramadol HCL Tab 100mg ER # 30 with 1 refill. The Tramadol HCL Tab 100mg ER # 30 with 1 refill was modified to allow x1 for weaning. This decision was based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 100mg ER # 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/13/15 report the patient presents with posterior neck pain with increased bilateral shoulder pain and hand pain. The current request is for TRAMADOL HCL TAB 100mg ER # 30 WITH 1 REFILL, an opioid per the 01/28/15 RFA. The patient is Temporarily Totally Disabled. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trial should not be employed until the patient has failed a trial of non-opioid analgesics. MTUS Guidelines 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 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. The patient's treatment history provided is very limited. It is unknown how long the patient has been prescribed this medication. Medication is discussed on only 2 reports. On 01/13/15 Tramadol is listed as a continuing medication and the 10/30/14 report states the patient is not taking medications. If this is a trial of opioids, a trial of non-opioid analgesics is not documented nor is baseline pain and function assessed. If use is long term, Analgesia is not documented and no specific ADL's are mentioned to show a significant change with use of this medication. The treater does note risks and benefits of medications were discussed; however, opiate management issues are not fully addressed as no UDS's are provided for review or documented. In this case there, is not sufficient documentation of opioid use as required by the MTUS guidelines. The request IS NOT medically necessary.