

<b>Case Number:</b>	CM15-0220038		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	06/11/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 52 year old, female who sustained a work related injury on 6-11-15. A review of the medical records shows she is being treated for neck, mid and low back and bilateral shoulders pain and headaches. In the Primary Treating Physician's Comprehensive Report dated 10-2-15, the injured worker reports neck, mid and low back and bilateral shoulders pain with radiation to both arms. She rates her pain level an 8 out of 10. She reports low back pain that radiates to both legs. She reports headaches and occasional chest discomfort. Upon physical exam dated 10-2-15, she has "exquisite" tenderness at the cervical paravertebral muscles. She has restricted and painful cervical range of motion. She has tenderness at both acromioclavicular joints. She has restricted and painful bilateral shoulder range of motion. She has tenderness at mid sternal area. She has tenderness of thoracic and lumbar paravertebral muscles. She has decreased lumbar flexion. Treatments have included physical therapy, medications and home exercises. Current medications include Naproxen and Norco. She is working modified duty. The treatment plan includes requests for Tramadol, Norco and Flexeril. This is the initial prescription for Tramadol. The Request for Authorization, not dated or signed, has requests for Tramadol, Norco and Flexeril. In the Utilization Review dated 10-12-15, the requested treatment of Tramadol 50mg. #60 is 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 for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Tramadol (Ultram), Opioids, specific drug list.

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

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The [REDACTED] visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.