

<b>Case Number:</b>	CM15-0040198		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 42 year old female who sustained an industrial injury on 09/12/2014. Current diagnoses include lumbar radiculitis, left shoulder pain, right thumb sprain, and rule out secondary stress, anxiety, and depression. Previous treatments included medication management, acupuncture, and physical therapy. Initial complaints included pain in lower back, right shoulder, and right hand. Report dated 12/29/2014 noted that the injured worker presented with complaints that included neck, left shoulder, right hand/thumb, and low back pain. Also noted was pain radiating down the left shoulder and left leg, and weakness and numbness in the low back. Physical examination was positive for abnormal findings. The treatment plan included Relafen, Tramadol, and electrodiagnostic studies of the lower extremities to evaluate for radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 22, 67-70, 74, and 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with pain in lower back, right shoulder, and right hand. The request is for TRAMADOL 150MG #30. There is no RFA provided and the patient's date of injury is 09/12/14. The diagnoses include lumbar radiculitis, left shoulder pain, right thumb sprain, and rule out secondary stress, anxiety, and depression. Previous treatments included medication management, acupuncture, and physical therapy. Per 12/29/14 report, current medications include Tramadol and Relafen. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. 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. Per 12/29/14 report, treater states, "Tramadol is to be taken daily as needed for severe pain." It appears treater is initiating the use of Tramadol as there are no prior mentions in provided medical reports. MTUS states, "functional assessment should be made. Function should include social, physical, psychological, daily activities..." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. There are no discussions regarding opioid pain agreement, or Cures. MTUS requires appropriate discussions of the 4A's. Given the lack of documentation as required by the guidelines, the request IS NOT medically necessary.