

<b>Case Number:</b>	CM15-0042261		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/27/1999
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 with an industrial injury dated October 27, 1999. The injured worker diagnoses include cervical degenerative disc changes with disc herniation, chronic right shoulder pain, partial tear of the rotator cuff, impingement syndrome, left shoulder pain and left C6 radiculopathy. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 01/28/2015, the injured worker currently complains of ongoing neck and right upper extremity pain. The injured worker reported that her pain an 8/10 without medication and 3/10 with prescribed medication. The treating physician noted that objective findings revealed no significant change. The treatment plan included prescribed pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance with previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty: 90, with 2 refills is not medically necessary.