

<b>Case Number:</b>	CM15-0052506		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 06/05/2014. Initial complaints reported included neck pain after tripping over a box. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, electrodiagnostic testing, radiographic imaging, psychological/psychiatric therapy, and conservative therapies. Currently, the injured worker complains of neck pain that radiates to the left upper extremity with numbness and tingling with occasional weakness and heaviness in the left arm. The injured worker noted that the electrical stimulation was helpful. The injured worker also reported depression and anxiety due to the pain and injury. Diagnoses include lumbar rule out degenerative disc disease, cervical rule out degenerative disc disease, shoulder strain/sprain, myofascial pain syndrome, cervical radiculopathy, and thyroid/cardiomegaly. The treatment plan consisted of refills on LidoPro and TENS (Transcutaneous Electrical Nerve Stimulation) patches, discontinuation of Diclofenac due to cardiac risk, continued Gabapentin and tramadol, waiting approval for physical therapy (12 sessions), and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL/acetaminophen 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant was offered to take Tylenol and Tramadol. There was no mention of Tylenol failure. In addition, orthopedics had given the claimant Voltaren on 1/9/15 despite the cardiac reasons for not taking NSAIDs. The Tramadol selection was not substantiated vs. alternatives and is not medically necessary.