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| <b>Case Number:</b>   | CM15-0054538 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 08/14/2013 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 02/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, shoulder, elbow, and arm pain reportedly associated with an industrial injury of August 14, 2013. In a utilization review report dated September 24, 2015, the claims administrator partially approved a request for tramadol, apparently for weaning purposes, while approving Wellbutrin, Naprosyn, drug testing, and a follow-up office visit. The claims administrator referenced an RFA form received on February 18, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated September 9, 2014, the applicant reported ongoing complaints of neck and low back pain, highly variable, 5/10 to 6/10 without medications versus 1/10 with medications. The attending provider acknowledged that the applicant's pain complaints were impacting the applicant's general activities of daily living and ability to enjoy life. The applicant was depressed and was having difficulty concentrating. The applicant was not working, it was acknowledged, with a rather proscriptive 10-pound lifting limitation in place. Norco and Naprosyn were prescribed at this point. On October 3, 2014, Norco and Naprosyn were renewed. On December 12, 2014, the applicant had discontinued tramadol and Remeron owing to alleged side effects. The applicant continued to report issues with severe depression. Naprosyn, Neurontin, and Norco were endorsed on this date. The same, unchanged, 10-pound lifting limitation was renewed, effectively resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150 mg #90 times four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as "side effects" into his choice of recommendations. Here, the attending provider failed to reconcile his February 18, 2015 prescription for tramadol with his earlier report of December 12, 2014 suggesting that the applicant had developed issues with side effects associated with ongoing tramadol usage and had therefore discontinued the same. Therefore, the request is not medically necessary.