

<b>Case Number:</b>	CM15-0083106		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old female who sustained an industrial injury on 07/11/2013. Current diagnoses include musculoligamentous sprain/strain cervical spine, C3-4 disc herniation with myelopathy, status post ACDF on 03/20/2014, and left shoulder impingement rule out ID. Previous treatments included medication management, trigger point injection, and cervical surgery on 03/20/2014. Previous diagnostic studies include x-rays and MRI of the cervical spine and left shoulder. Report dated 03/16/2015 noted that the injured worker presented with complaints that included neck and upper extremity pain with continued spasms in the cervical spine. Pain level was 4 out of 10 (neck pain) on the visual analog scale (VAS) with medications. It was noted that the injured worker uses tramadol for severe pain. The injured worker has returned to working regular duty. Physical examination was positive for hyperreflexia in the bilateral upper extremities, muscle spasms noted in the cervical musculature, decreased range of motion in the cervical area, and decreased range of motion in the left shoulder with crepitus and tenderness. The treatment plan included trigger point injections-left periscapular region, x-rays-cervical spine at RV, then anticipate maximal medical improvement, and continue medications. Report dated 03/02/2015 notes that the use of the tramadol was to provide a long acting, less addictive pain reliever in order to decrease use of opiates. It was further noted that the medications decrease the injured worker's pain by approximately 2-3 points on the pain scale, and allows for improved activities of daily living including ability to ambulate, use the bathroom, provide self care, cook, and clean. Disputed treatments include retrospective request for Ultram (tramadol HCL ER) 150mg #60 DOS 03/02/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ultram (tramadol HCL ER) 150mg #60 DOS 03/02/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 45 year old male has complained of neck pain and shoulder pain since date of injury 7/11/13. He has been treated with surgery, physical therapy and medications to include opioids for at least 2 months duration. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.