

<b>Case Number:</b>	CM15-0088564		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Emergency 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 61 year old male, who sustained an industrial injury on 07/29/2009. The initial complaints and mechanism of injury were not provided. Treatment to date has included conservative care, medications, x-rays, MRIs, left shoulder surgery, injections, and conservative therapies. Per the progress notes dated 01/30/2015, the injured worker complains of constant cervical spine pain. Several documents within the submitted medical records are difficult to decipher. There appears to be a note of increased left shoulder pain with prolonged usage causing numbness and tingling. The diagnoses include musculoligamentous strain/sprain of the cervical spine, cervical disc bulging, musculoligamentous strain/sprain of the thoracic spine, and status post left shoulder surgery. The request for authorization included tramadol 50 mg #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #120, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and documentation of poorly controlled pain with documented requirement of clinic provided injections for pain control. The number of tablets is not appropriate and does not meet requirement for monitoring. Documentation fails MTUS guidelines for chronic opioid use. Ultram is not medically necessary.