

<b>Case Number:</b>	CM13-0000905		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	06/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 59-year-old male who reported an injury on 01/29/2013. The patient is currently diagnosed with cervical spine strain and sprain, left shoulder strain, myofascial strain, and degenerative disc disease of the cervical spine with radiculopathy. The patient was seen by [REDACTED] on 06/18/2013. The patient reported ongoing pain in the neck with radiation to the left upper extremity as well as left shoulder pain. Physical examination revealed tenderness to palpation with muscle spasm, decreased range of motion, positive Spurling maneuver, tenderness to palpation of the left shoulder, decreased range of motion, and positive impingement sign. Treatment recommendations included continuation of current medication and a request for authorization for acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol HCL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

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

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no indication of a failure to respond to non-opioid analgesics prior to the initiation of an opioid medication. The duration of previous use was not specified. Based on the clinical information received, the patient did not meet criteria for the requested medication. As such, the request is non-certified.