

<b>Case Number:</b>	CM14-0165902		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old claimant sustained a work injury on November 14, 2011 involving his neck and low back. He was diagnosed with cervical radiculopathy as well as lumbar radiculopathy and underwent a lumbar laminectomy. A progress note on March 26, 2014 indicated claimant had persistent 8/10 neck pain radiating to both shoulders. Exam findings were notable for tenderness and the paraspinal muscles. As well as a positive axial head compression testing. Cervical spine range of motion was reduced in all directions. In July 2014 the claimant had persistent pain with similar exam findings. The treating physicians recommended a cervical spinal traction unit as well as Ultram ER 150mg daily for pain. The claimant has been on Tramadol for over six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical spine traction home unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck and Upper Back (Acute & Chronic); Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to the ACOEM guidelines, there is no high-grade scientific evidence to support use of traction. Emphasis should focus on functional restoration and return to normal activities. In addition the length of time of use with supporting clinical need was not noted. The cervical spine traction unit request is not medically necessary.

**Ultram ER 150mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol ER 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. In this case, the claimant has been on tramadol for several months. Pain level, symptoms and exam findings were unchanged. There was no documentation of failure of first-line medication options. The request for Ultram ER (Tramadol ER) is not medically necessary.