

<b>Case Number:</b>	CM14-0177678		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with cervical radiculopathy; multiple prior left shoulder surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for Tramadol. The claims administrator stated that there is no evidence that the applicant had improved with the same. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the claims administrator suggested that the applicant had failed to improve with Tramadol. It was not evident whether this was a first-time request or a renewal request, however. In a September 11, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The claimant did have issues with coronary artery disease, it was acknowledged. Physical therapy was endorsed. The applicant was asked to discontinue Motrin owing to a recent myocardial infarction. Tramadol was apparently endorsed, along with omeprazole. The applicant was already permanent and stationary, it was acknowledged. The remainder of the file was surveyed. This appeared to be the sole clinical progress note on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 1 tab PO BID pm (3 refills):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 145.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tramadol is not recommended as a first-line oral analgesic, in this case, however, it appears that the applicant was given ibuprofen but had been asked to discontinue the same owing to cardiac comorbidities in the form of a recent myocardial infarction. Introduction of Tramadol was therefore indicated on and around the date in question, September 11, 2014. While, ideally, a lesser amount of Tramadol should have been prescribed so as to afford the attending an opportunity to re-evaluate the applicant to ensure that introduction of Tramadol had in fact proven effective, partial approval and/or conditional approvals are not permissible through the Independent Medical Review process. Provision of some Tramadol was preferable to provision of no analgesics at all, in the face of the applicant's ongoing multifocal pain complaints and issues with other agents. Therefore, the request is medically necessary.