

<b>Case Number:</b>	CM14-0180738		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 New Jersey. 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 worker is a 64 year old female who was injured on 7/31/2009 while trying to catch a falling file, but strained her right arm/shoulder. She was diagnosed with cervical strain/sprain, bilateral chronic C5-6 radiculopathy, right shoulder pain/impingement syndrome, bilateral upper extremity overuse syndrome, and bilateral cubital tunnel syndrome. She was treated with surgery (right shoulder), physical therapy (including home exercises), shoulder injection, acupuncture, wrist and elbow supports, and medications such as opioids, NSAIDs, and topical analgesics. On 10/10/14, the worker was seen by her neurologist for follow-up reporting having returned to work which has caused her left shoulder pain to worsen, which also affects her sleep negatively. She also reported bilateral neck pain which radiates to her head, shoulders, and upper back. She reported using ice and stretching. She also reported numbness in her hands at night. She reported using Naprosyn and Tramadol "as needed" (no actual frequency taken reported). Her collective medication use reportedly allowed her to cook family dinner, do shopping for food, and perform other activities of daily living. She also reported her physical therapy/chiropractic treatments were helping her. She was then prescribed Naproxyn 550 mg 2-3 times a day as needed for pain (#90) and tramadol 50 mg up to 4 times daily as needed for pain (#120), and continued stretching exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg QID Prn #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had reported functional benefits and the ability to return to work from the use of Naprosyn and tramadol use collectively, however, there was no report that separated the functional benefit from the tramadol alone, which was estimated to have been used about 10 pills on average per week as needed for pain. The request was to continue the same number of pills (#120) for another 3 months period. There was insufficient documentation suggesting a full review (for opioid use) was performed at the recent follow-up preceding this request, which is required in order to justify tramadol continuation. Therefore, the tramadol 50 mg #120 is not medically necessary.