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| <b>Case Number:</b>   | CM14-0148802 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 03/18/2011 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 51 years old male patient who sustained a work related injury on March 18, 2011. He sustained an injury while sliding off the sleeper section in a truck, and hitting the wall. The diagnoses include cervical strain/sprain and left shoulder sprain. A MRI of the left shoulder on May 17, 2013, was noted to reveal a labral tear across the biceps labral anchor, tendinopathy and partial thickness tearing of the supraspinous and mild tendinopathy of the subscapularis. A MRI of the cervical spine dated May 17, 2013, was noted to show cervical spine straightening with mild multilevel disc desiccation. Copies of the MRI reports were not included in the documentation provided. The Primary Treating Physician's report dated July 28, 2014, noted the injured worker with neck, lower back, and shoulder pain, with spasms in the left shoulder that radiated to the neck. The Physician noted a recent left shoulder MRI which showed a left full rotator cuff tear. The injured worker was noted to have gone to the emergency room for a flare up, feeling as though it was a myocardial infarction (MI). The injured worker was noted to have seen an audiologist, with need for future surgery. The audiology report dated May 14, 2014, noted the injured worker with some tinnitus and hearing loss on the left side, with recommendations for a consultation with an otologist and potential surgical intervention. The Primary Treating Physician's physical examination was noted to show the injured worker in discomfort from pain, shifting frequently in the seat, with spasms of the right and left neck and left shoulder, left shoulder decreased range of motion and strength, and bilateral tenderness and spasms of the cervical and trapezius muscles. Examination of the cervical spine was noted to show decreased range of motion. The Physician's assessments were noted as left shoulder labral

tear, cervical sprain/strain, cervical radiculopathy, diabetes, hearing loss, and uncontrolled hypertension, non-industrial. The Physician noted that the injured worker would need antispasmodic and anti-inflammatory medications, with a pain agreement discussed and signed. The medications list includes anaprox, prilosec, flexeril, tramadol and ketoprofen cream and sprix nasal spray. The Physician requested authorization for Tramadol ER take one to three per day #90. On August 13, 2014, Utilization Review evaluated the request for Tramadol ER take one to three per day #90, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM), and the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker had previously used Tramadol and stopped, with no evidence that the pain relief and functionality were significantly better during use, and that without that evidence providing the medicine again would not be supported. The UR Physician also noted that an opioid agreement was not provided, that there was no discussion of previous compliance or lack thereof, and that the dose of the Tramadol was not stated. The UR Physician recommended the Tramadol ER take one to three per day #90 not certified. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER take 1-3 a day, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Opioids for neuropathic pain Page(s): Page 75 and Page 82.

**Decision rationale:** Request: Tramadol ER take 1-3 a day, #90. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines “Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain” (Kumar, 2003). Cited guidelines also state that, “A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain”. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had flare up of right shoulder and neck spasm and pain. Therefore there is evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol ER take 1-3 a day, #90 is medically appropriate and necessary to use as prn during acute exacerbations.