

<b>Case Number:</b>	CM14-0087742		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 33 year old male, who sustained an industrial injury on April 15, 2008. The injured worker reported a fall from approximately 20 feet with head and left elbow injury. The injured worker was diagnosed as having cervical disc degeneration and left ulnar nerve decompression. Treatment and diagnostic studies to date have included surgery, physical therapy, chiropractic, pain management, injections and medication. A progress note dated May 27, 2014 provides the injured worker complains of left arm and neck pain. He reports medication and injections. The plan includes injections, oral and topical medication and heat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in April 2008 and continues to be treated for chronic neck and left elbow pain. Medications include tramadol being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. The requesting provider documents medications as decreasing pain from 8/10 to 5-7/10. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing some degree of pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol is medically necessary.