

<b>Case Number:</b>	CM15-0012142		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year old female, who sustained an industrial injury on January 17, 2011. The diagnoses have included failed neck surgery syndrome, chronic cervical radicular pain, status-post bilateral carpal tunnel release, status-post left and right shoulder arthroscopy, right shoulder rotator cuff tendinitis, status-post cervical spine decompression and fusion, left upper extremity radiculopathy, swallowing difficulty and depression. Treatment to date has included pain medication, surgical intervention, a psychology consultation, pain management consultation, physical therapy with a home exercise program, anti-depression medication, proton pump inhibitor medication for gastritis and routine follow up. Currently, the IW complains of neck pain that is constant, characterized as sharp and rated a six to seven on a scale of ten. There was also numbness and tingling in the upper extremities and shoulder and lower back pain. Physical exam was remarkable for tenderness over the paracervical musculature, range of motion of the cervical spine reduced due to pain. There was also tenderness over both shoulders. On December 22, 2014, the Utilization Review decision non-certified a request for Tramadol 50mg, 120 count, noting the guidelines was not met as there is no documentation of a maintained increase in function and decrease in pain with the use of this medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Tramadol 50mg, 120 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 88-89.

**Decision rationale:** The patient presents with neck pain that is constant, characterized as sharp and rated a six to seven on a scale of ten. There was also complaint of numbness and tingling in the upper extremities and shoulder and lower back pain. The current request is for Tramadol 50mg, 120 count. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The treating physician notes in the Treatment Plan section of their treating report that they plan to treat with Tramadol ER 150mg p.o. q d, for chronic pain relief. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clinical history notes the patient has medicated with Tramadol since at latest 7/22/14 (C62). In the treating history provided regarding Tramadol the physician notes on 12/16/14 (D14) that the patient gets pain relief and improved function with the medication. However, there is no in-depth discussion of an improvement in pain with this medication. There is no discussion of adverse side effects and adverse behavior. No specific ADLs are mentioned to show a significant change of use with this medication. The clinical history show no discussion of pain assessment or outcome measures as required by MTUS Guidelines. Therefore, recommendation is for denial.