

<b>Case Number:</b>	CM15-0018010		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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

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 60 year old female, who sustained an industrial injury on 1/13/2010, while employed as a cafeteria worker. She reported pain to her neck, shoulders, and low back. The diagnoses have included cervical and lumbar spine herniated nucleus pulposus, left shoulder impingement syndrome, and anxiety. Treatment to date has included surgical treatment and conservative measures. An orthopedic consultation report, dated 5/11/2011, noted that medication use included Tramadol, dose unspecified. A PR2 report, dated 7/29/2014, noted medication as including Tramadol 150mg daily. Magnetic resonance imaging of the lumbar spine, dated 11/20/2014, noted degenerative discogenic spondylosis primarily from L2-L3 through L4-L5, disc desiccation L2-L3 through L4-L5, along with broad and diffuse disc protrusions. The study noted no significant difference as compared to the previous study from 10/29/2012. Magnetic resonance imaging of the left shoulder, dated 11/20/2014, noted biceps tendinosis, tenosynovitis, anterior and posterior glenoid labral tears, subacromial, subdeltoid, and subcoracoid bursitis, and pronounced acromioclavicular joint osteoarthritis. Magnetic resonance imaging of the brain, dated 11/20/2014, showed trace cerebellar tonsillar ectopia, and was otherwise normal. Magnetic resonance imaging of the cervical spine, dated 11/20/2014, noted degenerative discogenic spondylosis and disc desiccation, and showed no significant difference from the previous study on 10/29/2012. Magnetic resonance imaging of the right shoulder, dated 11/20/2014, showed superior and anterior glenoid labral tears, subacromial subdeltoid bursitis, and acromioclavicular joint diastasis. Electromyogram studies of the bilateral upper extremities, dated 11/24/2014, showed findings consistent with bilateral carpal tunnel pathology.

The PR2 note, dated 1/06/2015, was handwritten and greatly illegible. On 1/14/2015, Utilization Review modified a request for Tramadol 150mg #60, noting the recommendation for weaning, and approval for a one month supply #60 was approved. The MTUS Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Tramadol 150mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 60 year old patient presents with pain in the cervical spine, lumbar spine, and right shoulder, rated at 8/10, as per progress report dated 10/16/14. The request is for TRAMADOL 150 mg QUANTITY 60. The RFA for the case is dated 01/07/15, and the patient's date of injury is 01/13/10. Diagnoses, as per progress report, dated 12/08/14, included cervical sprain/strain, lumbar sprain/strain, and right shoulder impingement. The patient is using medical foods and creams to manage her symptoms. As per progress report dated 09/17/14, the patient suffers from headaches secondary to the cervical pain. The pain in the lumbar spine radiates to bilateral legs. There is decreased range of motion in all the affected areas The patient has been diagnosed with cervical and lumbar disc protrusion along with radiculitis and myospasm, as per the same report. The patient is status post right shoulder surgery ----date of this procedure is not mentioned ---, as per progress report dated 07/24/14. Medications, as per this report, included Tramadol, Diclofenac, and Pantoprazole. The patient is off work, as per progress report dated 12/08/14. MTUS Guidelines pages 88 and 89 states, "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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the progress reports are handwritten and illegible. Tramadol is only mentioned in one progress report dated 07/24/14. Most progress reports state that urine toxicology screening was ordered during the visit, with the latest one being on 12/08/14. However, there is no documentation of a change in pain scale due to opioid use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES are available for review. The treater does not document the side effects of Tramadol in this patient. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Tramadol use. Hence, this request IS NOT medically necessary.