

<b>Case Number:</b>	CM15-0110130		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 58 year old male who reported an industrial injury on 3/31/2009. His diagnoses, and/or impressions, are noted to include: multi-level degenerative disc disease of the lumbar spine; cervical discopathy and cervicalgia; bilateral carpal tunnel syndrome; left shoulder impingement with full thickness and partial tears; status-post right shoulder arthroscopic surgery and lumbar fusion with hardware and removal of hardware; bilateral hip bursitis versus lumbar radiculitis; internal derangement of the bilateral knees, with tear in the left meniscus, and status-post right knee arthroscopic surgery with probable re-tear; bilateral plantar fasciitis; bilateral ankle internal derangement; and status-post left ankle and foot surgery. Electrodiagnostic studies of the bilateral upper and lower extremities, with abnormal findings, are noted on 11/20/2014; and magnetic imaging studies of the cervical and lumbar spine are noted on 11/17/2014. His treatments have included diagnostic studies; an agreed medical re-examination on 2/10/2015; medication management with the stopping of non-steroidal anti-inflammatories due to gastric bleeding, on 12/17/2014; and rest from work. The progress notes of 3/20/2015 noted constant, severe and radiating pain from the cervical spine to the upper extremities, that is aggravated by activities and associated with migrainous headaches; constant, severe and radiating pain in the low back into the lower extremities, that is aggravated by activities; intermittent, dull pain in the bilateral shoulders that is aggravated by activities; intermittent mild-moderate pain in the bilateral knees that is aggravated by activities, and is associated with swelling and buckling; and intermittent, mild-moderate bilateral feet/ankle pain that is aggravated by activities and associated with swelling and buckling. Objective findings were noted to include unchanged pain; no acute distress; tenderness with spasm with positive axial loading compression test and Spruling's maneuver to the cervical spine, that is with painful and limited range-of-motion;

numbness/tingling over the cervical dermatomal pattern with decreased strength in the biceps, deltoid, triceps, wrist flexors/extensors and finger extensors; asymmetric biceps and triceps reflexes; tenderness at the right shoulder joints with positive impingement and Hawkins sign, left drop-arm sign; weakened rotator cuff function and limited range-of-motion of the shoulders; tenderness in the lumbar spine with positive seated nerve root test, pain with terminal motion; tenderness at the left knee joint with positive McMurray's sign and patellar compression test, and pain with terminal flexion; and tenderness of the feet/ankles that is with tight cord and painful range-of-motion. The physician's requests for treatments were noted to include the continuation of appropriate pharmacological agents for symptomatic relief, such as Tramadol extended release.

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

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

**Tramadol ER (extended release) 150 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol ER (extended release) 150 mg Qty 90 is not medically necessary and appropriate.