

<b>Case Number:</b>	CM15-0121092		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 66-year-old male, with a reported date of injury of 11/13/2001. The mechanism of injury was a slip and fall while carrying a box on a roof. The injured worker's symptoms at the time of the injury included low back pain, left shoulder pain, head pain, and neck pain. The diagnoses include status post multiple back surgeries, multi-level cervical disc pathology, cervical radiculopathy, cervical discopathy, status post cervical foraminotomy and fusion, lumbar discopathy, status post lumbar fusion with painful hardware, and status post lumbar hardware removal. Treatments and evaluation to date have included physical therapy, oral medications, lumbar discectomy and interbody fusion, chiropractic treatments, epidural lumbar injections, and left shoulder intra-articular injection. According to medical report dated 06/05/2005, the diagnostic studies to date have included x-rays of the lumbar spine which showed post-operative changes to L4-S1, degenerative disc disease, and borderline disc narrowing at L4-L5; a CT scan of the lumbar spine which showed lumbar spine surgery, the left-sided screw at L5 and S1 was very close to the nerve root, and S1 radiculopathy; discogram of the lumbar spine on 04/14/2003 with negative findings at L4-5 and positive findings at L5-S1; an MRI of the lumbar spine which showed disc degeneration at multiple levels, mild disc bulge at L2, L3, L4, and L5, and a left lateral disc protrusion at L5-S1; and CT scan of the head on 11/13/2001. According to the medical report dated 07/16/2010, the injured worker had x-rays of the cervical spine which showed foraminal stenosis; electrodiagnostic studies of the upper extremities which showed right carpal tunnel syndrome and cervical radiculopathy; an MRI of the cervical spine which showed hypertrophic arthritic changes of the facet joint with narrowing.

The progress report dated 05/29/2015 indicates that the injured worker presented to follow-up on his work-related injury to his neck, left shoulder, and back. He stated that his left shoulder pain was rated 7 out of 10 due to a recent fall. The injured worker also complained of bilateral arm pain with numbness, which was rated 8 out of 10. He had aching and stabbing pain in the back, which he rated 10 out of 10, and bilateral leg pain with numbness, which was rated 6 out of 10. The objective findings include tenderness in the paraspinal musculature of the cervical region and the anterior neck; decreased cervical range of motion; mild spasm on cervical range of motion; mild positive head compression; tenderness of the left upper extremity; severe weakness of the grip strength in the left hand; slight flattening of the lumbar lordosis; tenderness in the paraspinal musculature of the lumbar region; midline tenderness in the lumbar region; slightly abnormal sensation testing with a pinwheel; and no sacroiliac tenderness noted on compression. The injured worker was prescribed Norco. The injured worker was not working. His condition remained permanent and stationary. On 05/01/2015, the injured worker continued to have severe left shoulder pain. He had a fall and reinjured his shoulder. The pain was rated 7 out of 10. The injured worker also continued to have a great deal of low back pain and burning pain in the neck. A prescription was provided for Ultram, one tablet by mouth three times a day, as needed for pain. The injured worker's condition remained permanent and stationary. The treating physician requested Ultram 100mg #90.

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

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

**Ultram 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any goals for improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The request of tramadol is not medically necessary or substantiated.