

<b>Case Number:</b>	CM15-0178671		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/08/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male who sustained an industrial injury on 06-08-2015. Treatment to date has included non-steroidal anti-inflammatory drugs, muscle relaxants and trigger point injection. According to a progress report dated 08-12-2015, the injured worker reported pain in the lumbar spine along with radicular pain to the lower extremities. He also reported pain in the right shoulder with heavy lifting and overhead working activities. Pain level was not documented in this 08-12-2015 report. He was currently not working. Examination of the lumbar spine demonstrated marked tenderness to palpation over the lumbar spine, paravertebral muscles. There was muscles spasms and guarding. Straight leg raise was still decreased. There was hypoesthesia and numbness in the right calf region. Right shoulder examination demonstrated tenderness to palpation over the right shoulder. Range of motion was decreased. Abduction and external rotation was limited. Neer sign was mildly positive. Diagnoses included traumatic musculoligamentous strain of the lumbar spine, rule out herniated disc in the lumbar spine, radiculitis to right lower extremity and right shoulder impingement syndrome. Medications prescribed included Motrin and Tramadol. The injured worker remained temporarily totally disabled. An authorization request dated 08-12-2015 was submitted for review. The requested services included Motrin 600 mg one tab by mouth twice a day #60, Tramadol 50 mg one tab by mouth twice a day #60 and electromyography and nerve conduction velocity studies of the lower extremities. On 09-02-2015, Utilization Review non-certified the request for Tramadol 50 mg #60 and certified the request for Motrin 600 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Per the medical records, the injured worker has been treated with NSAIDs, muscle relaxants, and trigger point injections. The UR physician is incorrect for saying "When considering the date of injury, the reported mechanism of injury and the findings on physical examination, there is clearly a simple muscle strain that does not require a synthetic opioid analgesic." as his clinical history describes findings of radiculopathy. Per the latest progress report dated 8/12/15 there was no subjective rating of pain documented to warrant treatment with opiates. The request is not medically necessary.