

<b>Case Number:</b>	CM15-0033735		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, Florida

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 59 year old female, who sustained an industrial injury on 07/08/2009. The current diagnoses are cervical sprain/strain, lumbar sprain/strain with lumbar degenerative disc disease, myofascial pain disorder, right elbow pain, chronic epicondylitis and depression. Currently, the injured worker complains of constant neck pain, back pain, frequent headaches, and pain in bilateral shoulders, wrists, elbows and hands. Per notes, with pain medication, IW reported a 50% reduction in pain and 50% functional improvement with activities of daily living. The physical examination of the neck and back reveals limited range of motion in all planes. Palpation reveals rigidity in the lumbar paraspinal and cervical paraspinal musculature. Examination of the bilateral upper extremities reveals tenderness over the dorsum of the wrists with positive Phalen's and Tinel's sign. There is diffuse atrophy in the interosseous muscles in the thenar eminence of both hands with tenderness over the medial and lateral epicondyles of the elbows. The treating physician is requesting Tramadol 50 mg #120, which is now under review. The medications listed are Cymbalta and Tramadol. The IW could not tolerate NSAIDs because of significant history of NSAIDs induced gastritis. On 1/30/2015, Utilization Review had non-certified a request for Tramadol 50 mg #120. The Tramadol is modified to #32. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to treatment with non opioid medications and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient could not utilize NSAID medications because of a history of gastrointestinal complications. There is documentation of compliance and functional restoration with the use of Tramadol. There is no reported adverse effect or aberrant behavior. The criteria for the use of Tramadol 50mg #120 was met.