

<b>Case Number:</b>	CM15-0061341		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 58-year-old male, who sustained an industrial injury on 7/9/12. He reported initial complaints of neck and low back. The injured worker was diagnosed as having neck pain; chronic low back pain; right ulnar neuropathy across the elbow. Treatment to date has included MRI cervical and lumbar spine (9/3/13); status post cervical fusion (1994). Currently, the PR-2 notes dated 2/12/15, the injured worker complains of ongoing neck and back pain rating at 7/10 without medications and 4/10 with medications. He complains his wife must assist him occasionally getting dressed; he gets about 4 hours of sleep with pain that interrupts his sleep and takes medication to decrease the pain. The notes do indicate the injured worker is a status post cervical spine C5-C6, C6-C7 and C7-T1 fusion in 1994. An EMG/NCV of 2014 showed right ulnar neuropathy across the elbow. Prior Utilization Reviews do indicate a history of Tramadol authorizations for titrating. The provider is requesting a review of the denied retrospective: Tramadol 50mg QTY: 100 (DOS: 03/19/2015). Utilization Review authorized the request for retrospective: Cymbalta 30mg QTY: 30 (DOS: 03/19/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol 50mg QTY: 100 (DOS: 03/19/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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 improvement in pain, functional status or a discussion of side effects specifically related to Tramadol to justify use. The note did document improvement in sleep. The medical necessity of Tramadol is not substantiated.