

<b>Case Number:</b>	CM15-0064553		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 57 year old female, who sustained an industrial injury on 08/21/2001. The injured worker is currently diagnosed as having cervical intervertebral disc degeneration, carpal tunnel syndrome, dysthymic disorder, muscle pain, lumbar degenerative disc disease, lumbar radiculopathy, cervical radiculopathy, chronic pain syndrome, and gastroesophageal reflux disease. Treatment to date has included Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, physical therapy, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported requesting authorization for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 57 year old female with an injury on 08/21/2001. She has neck pain and back pain. MTUS, Chronic Pain criteria for on-going treatment with opiates include objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria and Tramadol 90 tablets are not medically necessary.