

<b>Case Number:</b>	CM15-0067250		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 68 year old male, who sustained an industrial injury on December 28, 2010. He has reported neck pain, shoulder pain, and lower back pain. Diagnoses have included severe right neural foraminal narrowing, cervical spine multiple disc herniations with stenosis, cervical spine radiculopathy, and lumbar spine radiculopathy. Treatment to date has included medial branch block, epidural steroid injection, chiropractic, and medications. The documentation indicates that the injured worker did not receive significant relief from the injections. A progress note dated February 25, 2015 indicates a chief complaint of lower back pain and right shoulder pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol in combination with Percocet for several months. There was no indication of failure of Tricyclic or Tylenol failure. Long-term use of Tramadol is not recommended due to risk of addiction and tolerance. There is no indication of improvement in function. Continued use of Tramadol is not medically necessary.

**Percocet 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet in combination with Tramadol for several months without significant improvement in function. There was no indication of failure of Tricyclic or Tylenol failure. The continued and chronic use of Percocet is not medically necessary.