

<b>Case Number:</b>	CM15-0077928		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: 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 42 year old female, who sustained an industrial injury on 4/29/09. Initial complaints were not described. The injured worker was diagnosed as having cervical radiculopathy; status post cervical fusion; lumbar radiculopathy; insomnia; left arm tremors left upper extremity monoplegia and contracture; complex regional pain syndrome left upper extremity; carpal tunnel syndrome; status post right carpal tunnel release; reflex sympathetic dystrophy left arm. Treatment to date has included physical therapy; acupuncture; drug screening; medications. Diagnostics included MRI cervical, thoracic and lumbar spine with and without contrast (11/5/12); EMG/NCV upper extremities (3/6/14). Currently, the PR-2 notes dated 1/19/15 indicated the injured worker was re-examined on this dated as part of a Qualified Medical Re-examination. The injured worker is not working and has undergone another thoracic spine operation without benefit. She is taking Gabapentin and Tramadol with partial benefit. She is a status post cervical spine surgery of 12/2012 and carpal tunnel release 2/2012. She has initial benefit from the surgery but symptomatic again. On examination she had left upper extremity monoplegia, craniocervical spasm, TMJ tenderness bilaterally, mental status revealed decreased attention span. There was no tremor on examination but slight weak right hand grip; mildly weak left foot dorsiflexion. The left arm is noted to have dysesthesia/allodynia to light touch and air blowing. She has a slight limp with her left leg in all modalities of gait testing. The left arm is plegic with pain. The left shoulder more than left elbow, left wrist and fingers with partial contracture and pain. There is Tinel's sign at both wrists. Toes were down-going on the right; questionably up-going on the left with withdrawal. PR-2 notes dated 11/24/14 described MRI

cervical, thoracic and lumbar spine findings (11/5/12). The provider is requesting a MRI cervical spine without contrast and Tramadol ER 150mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/neck.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. Prior MRIs have already delineated her neck pathology. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.

#### **Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 medical necessity of tramadol is not medically necessary.