

<b>Case Number:</b>	CM15-0078057		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/18/2011
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 06/18/2011. On provider visit dated 04/03/2015 the injured worker has reported neck pain. On examination of the right shoulder was noted to have a decreased range of motion, with muscle atrophy noted in the supraspinatus, and crepitus to palpation with right range of motion. The diagnoses have included cervical radiculitis, impingement syndrome of shoulder region and chronic pain. Treatment to date has included injections and medication. The provider requested Tramadol ER 200mg #30 with 2 refills and Tramadol 50mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200mg #30 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with neck and shoulder pain. The request is for Tramadol ER 200mg #30 With 2 Refills. The provided RFA is dated 04/06/15 and the date of injury is 06/18/11. The diagnoses include cervical radiculitis, impingement syndrome of shoulder region and chronic pain. Treatment to date has included injections and medication. Current medications include Tramadol ER, Duloxetine, EpiPen, Gildess, and Acyclovir. The patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Tramadol ER was prescribed to the patient at least since 11/20/14, per provided medical reports. The use of opiates require detailed documentation regarding pain and function, per MTUS. Per 03/03/15 report, treater states, "Tramadol ER and short acting provide 30% relief of musculoskeletal as well as the neuropathic components of this patient's pain. Patient uses her extended release on a daily basis but uses breakthrough only to treat flares. Medications enable her to perform daily home exercises as well as attend daily chores in caring for her home with no adverse side effects and has never demonstrated aberrant behavior. An opioid contract is in place and drug screening is performed regularly." A urine drug screen was completed on 01/09/14 and is consistent with medications. Additionally, the patient demonstrates improved function by the ability to work on modified duty. In this case, treater has properly documented the 4A's in order to warrant continued use of Tramadol. The request is medically necessary.

**Tramadol 50mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with neck and shoulder pain. The request is for Tramadol 50mg #60 With 2 Refills. The provided RFA is dated 04/06/15 and the date of injury is 06/18/11. The diagnoses include cervical radiculitis, impingement syndrome of shoulder region and chronic pain. Treatment to date has included injections and medication. Current medications include Tramadol ER, Duloxetine, EpiPen, Gildess, and Acyclovir. The patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Tramadol was prescribed to the patient at least since 11/20/14, per provided medical reports. The use of opiates require detailed documentation regarding pain and function, per

MTUS. Per 03/03/15 report, treater states, "Tramadol ER and short acting provide 30% relief of musculoskeletal as well as the neuropathic components of this patient's pain. Patient uses her extended release on a daily basis but uses breakthrough only to treat flares. Medications enable her to perform daily home exercises as well as attend daily chores in caring for her home with no adverse side effects and has never demonstrated aberrant behavior. An opioid contract is in place and drug screening is performed regularly." A urine drug screen was completed on 01/09/14 and is consistent with medications. Additionally, the patient demonstrates improved function by the ability to work on modified duty. In this case, treater has properly documented the 4A's in order to warrant continued use of Tramadol. The request is medically necessary.