

<b>Case Number:</b>	CM13-0054667		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/12/1997
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old male who reported an injury on 08/12/1997. The mechanism of injury was the injured worker and a coworker were lifting a table out of a truck when the table fell and hit the injured worker in the head causing a twisting motion to the neck. The medication history indicated the injured worker had been on opiates since 2012. The documentation of 09/18/2013 revealed the injured worker was on Fentanyl 100 mcg/hour, Tramadol HCL ER 100 mg tablets 1 by mouth 3 times a day, and Norco 10/325 mg 1 every 6 hours with maximum of 4 per day. The injured worker's surgical history included ACDF x2. The request was made to refill the medications. There was documentation that the injured worker had a narcotic agreement. The CURES report was reviewed and the injured worker underwent pill counts and urine toxicology screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient's oral morphine equivalence would equal 580 oral morphine equivalence per day with the cumulative dosage. The clinical documentation submitted for review indicated the injured worker had been taking the medications since 2012. There was lack of documentation of an objective improvement in function and objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the strength of Tramadol being requested, as well as the frequency for the medication. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Tramadol #90 is not medically necessary.