

<b>Case Number:</b>	CM13-0071496		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/16/2008
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Family Medicine and is licensed to practice in California. 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:

26 yr. old male claimant sustained a work injury on 8/16/08 resulting in chronic right wrist and elbow pain from a crush. He underwent multiple surgeries of the right wrist and developed post-traumatic arthritis and chronic pain syndrome. An examination on 11/5/13 indicated he had 8/10 pain despite using high dose analgesics. Objective findings included restricted range of motion of the wrist as well as decreased sensation of light touch and tenderness of the joint line. His Norco 10/325 (3 times a day) was refilled along with Tramadol 50 mg -3 times a day. The prior month his pain score was similar with Norco (for which had taken since at least 2012) after which Tramadol was added.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/TYLENOL 10/325MG #30:** Upheld

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

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

**Decision rationale:** Norco 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 has been on Norco for a year with no improvement in pain scale. The continued use of Norco is not medically necessary.

**TRAMADOL 50MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 Chronic Pain treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol is a synthetic opioid affecting the central nervous system. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER®: Patients currently not on immediate release (IR) tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of extended release (ER) rounded to the next lowest 100mg increment (Max dose 300mg/day). Not recommended as a first-line therapy for osteoarthritis. Short-term use: 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. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxycodone, oxycodone, hydromorphone, fentanyl, morphine sulfate). Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008) Long-term use: Under study for long-term use as there are no long-term trials. There is therefore a lack of evidence to allow for a treatment recommendation. If used on a long-term basis, the criteria for use of opioids should be followed. The claimant had already been on Tramadol for 1 month along with Norco with no improvement in pain levels. In addition, there is no documentation of failure of 1st line medications such as non-steroidal anti-inflammatory drugs (NSAIDs) or Tylenol alone. The continued use of Tramadol is not medically necessary.

