

<b>Case Number:</b>	CM14-0113009		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old female with a 11/12/09 date of injury, and status post laminectomy and fusion at L4-5 9/19/12. At the time (7/10/14) of request for authorization for Tramadol, count #60, for the purpose of weaning/discontinuing with a reduction of medication by 10% - 20% per week, over a weaning period of 2-3 months, there is documentation of subjective (low back pain, lower extremity numbness, tingling and weakness; neck pain, shoulder pain with difficulty doing much activity above shoulder level) and objective (spasm and tenderness over the lower lumbar spine, decreased range of motion, bilateral wrist positive Tinel's and Phalenn's) findings. The current diagnoses are history of lumbar fusion, chronic lumbar pain with radiculopathy, chronic cervical pain, bilateral shoulder tendinosis and rotator cuff tear, bilateral CMC arthritis with wrist tendinosis, carpal tunnel syndrome, right hip bursitis, and right knee tendinosis. The treatment to date includes activity modification, physical therapy, and medications (including Naproxen, Hydrocodone/APAP, Tramadol, and Methocarbamol since at least 7/13). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date; and that Tramadol is used as a second line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol, count #60, for the purpose of weaning/discontinuing with a reduction of medication by 10% - 20% per week, over a weaning period of 2-3 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of lumbar fusion, chronic lumbar pain with radiculopathy, chronic cervical pain, bilateral shoulder tendinosis and rotator cuff tear, bilateral CMC arthritis with wrist tendinosis, carpal tunnel syndrome, right hip bursitis, and right knee tendinosis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for Tramadol since at least 7/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Furthermore, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Tramadol, count #60, for the purpose of weaning/discontinuing with a reduction of medication by 10% - 20% per week, over a weaning period of 2-3 months is not medically necessary.