

<b>Case Number:</b>	CM14-0135963		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 an aircraft line person. He has complaints of back and left leg pain related to cumulative trauma from repetitive duties and heavy work, with a date of injury of 2/6/09. Previous treatments have included chiropractic care and epidural steroid injections. Evaluation on 6/14/14 shows that he was on no medications. On 6/27/14 the primary treating physician recommended Diclofenac, Omeprazole, and Tramadol ER. The utilization review on 8/1/14 did not certify the Tramadol ER 150 mg #60, noting that Tramadol was not a first line medication and there is no indication that non-steroidal anti-inflammatory medications or other opioids have been used. Independent medical review is requested regarding the decision for Tramadol ER 150 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,, Tramadol, Page(s): 75, 78 93-94,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, specific drug list, Tramadol

**Decision rationale:** The MTUS notes that Tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. It is not recommended as a first line oral analgesic. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The ODG guidelines state that Tramadol is indicated for moderate to severe pain. Patients currently not on immediate release Tramadol should be started at a dose of Tramadol ER, 100mg once daily. The dose should be titrated upwards by 100 mg increments if needed (Max dose 300mg/day). Ultram ER is a viable opioid of first choice for patients suffering from osteoarthritis, low back pain, and neuropathic pain, offering more consistent and improved nighttime pain control, less need to awaken at night to take another dose of pain medication, and less clock-watching by patients in chronic non-cancer pain. Although Tramadol ER is a viable opioid of first choice for low back pain, the medical records do not indicate that his pain has not responded to first line recommendations including antidepressants and anticonvulsants. Reasonable alternatives to opioid use should be attempted. The request for Tramadol ER 150 mg #60 exceeds the recommended initial dose of 100 mg per day. The medical records do not support use of Tramadol within the MTUS guidelines noted above. The request for Tramadol extended release 150 mg #60 is not medically necessary.