

<b>Case Number:</b>	CM14-0157859		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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:

Injured worker is a male with date of injury April 3, 2012. Per primary treating physician's comprehensive orthopedic evaluation dated August 19, 2014, the injured worker complains of cervical spine pain rated at 4/10 in severity. This is decreased from May 9, 2014. He is still complaining of numbness and tingling radiating down the neck to the top of the right shoulder. On examination the cervical spine range of motion is flexion 40/50 degrees, extension 45/60 degrees, right rotation 70/80 degrees, left rotation 65/80 degrees, right lateral flexion 35/45 degrees and left lateral flexion 40/45 degrees. Diagnoses include 1) muscle spasms in the cervical spine 2) cervical spine sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, sixty count,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side

effects similar to traditional opioids. The Chronic Pain Medical Treatment Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician explains that the injured worker needs tramadol 50 mg #60 one orally twice daily as needed for breakthrough pain. Work restrictions are continued, and unchanged from previous visit. Pain intensity is reported as improved to 4/10, but the effects of medication in terms of pain reduction and functional improvement are not described. Tramadol is prescribed for breakthrough pain, but it is not explained how frequently the injured worker requires medication for breakthrough pain. Medical necessity for this request has not been established within the recommendations of the Chronic Pain Medical Treatment Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50 mg, sixty count, is not medically necessary or appropriate.