

<b>Case Number:</b>	CM14-0163479		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 63 year old male who on 4-28-2012 sustained a subarachnoid hemorrhage, subdural hematoma, fractured clavicle, fractured rib, hemothorax, and numerous facial fractures. He completed an inpatient and rehabilitation facility stay. He had an anterior cervical decompression and fusion surgery and open reduction and internal fixation of the right clavicle subsequently. He has primarily complained of low back pain radiating to the right lower extremity and has MRI evidence of multilevel spondylosis, scoliosis, spinal stenosis and neural foraminal stenosis. His history of late has been that of obtaining several narcotic prescriptions from different physicians, running out of opioids early, and going through opioid withdrawal on a nearly monthly basis. He has been recommended to have lumbar medial branch blocks diagnostically and potentially to have back surgery in the future. His current physicians acknowledge the doctor shopping behavior and appear to be attempting to get a handle on it. However, requests for Norco (hydrocodone), oxycodone, and Tramadol continue to appear in the record. The pain management physician recommended on 9-24-2014 that opioids be avoided be avoided for the injured worker and that consideration be given for referral to an addiction specialist. The physical exam has revealed diminished lumbar range of motion, a positive lumbar facet loading test, and a normal lower extremity neurologic examination (9-24-2014). The diagnoses include S/P cervical fusion, right shoulder impingement, left C6 radiculopathy, lumbar spinal stenosis, sciatica, traumatic brain injury, and a cognitive disorder. The most recent opioid request was from 9-4-2014 which asked for Norco 10/325, #60, and Tramadol 150 mg, #60. This represents a diminished overall morphine equivalent dosage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The referenced guidelines recommend discontinuing opioids under the following circumstances. Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned.(a) If there is no overall improvement in function, unless there are extenuating circumstances(b) Continuing pain with the evidence of intolerable adverse effects(c) Decrease in functioning(d) Resolution of pain(e) If serious non-adherence is occurring(f) The patient requests discontinuing(g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehicle accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide attempt; aggressive or threatening behavior in the clinic. It is suggested that a patient be given a 30-day supply of medications (to facilitate finding other treatment) or be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids/controlled substances.(h) Many physicians will allow one "slip" from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations.(i) If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. (j) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision. In this instance, there appears to be a legitimate basis for the injured worker's pain but there is also substantial aberrant drug seeking/taking behavior present. The treating physician believes that opioids should be continued until definitive intervention has been performed on the back. There appears to be a treatment plan for controlling the injured worker's use of opioids and the current request for opioids appears to represent substantially reduced opioid morphine equivalency doses on a daily basis. Therefore, Tramadol 150mg #60 is medically necessary.