

<b>Case Number:</b>	CM14-0170929		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/19/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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:

The injured worker is a female with a date of injury of 11/19/2004. Per progress report dated 9/26/2014, the injured worker reports that she has continued significant relief with the use of Tramadol maximum four per day for her chronic pain. She reports increased GI upset with the use of Gabapentin and no significant benefit with the use of Omeprazole. Her pain today is rated 4-5/10 with the use of her pain medication. She states 100% relief of her right elbow pain after right elbow injection on 4/9/2014. She continues to complain of neck pain with radiation into the shoulders along with associated headaches. She also continues to complain of low back pain with radiation to bilateral lower extremities down to posterior thigh, knee, and medial calves. She reports continued greater than 30% relief with the use of Tramadol 4-5 per day, as needed with activity. She reports the ability to continue to perform household chores, run errands, as well as gardening. She has been getting acupuncture, which has improved the muscle spasm of her back. She is not working but trying to do something by herself to support her. On examination there is no evidence of overmedication, sedation or withdrawal. Neck flexion is 20 degrees and extension 10 degrees with pain in both directions. Lateral flexion is 20 degrees on each side. Bilateral facet loading test is positive. There are sensory deficits in C5-6 dermatomes bilaterally. Gait/station is slow and right antalgic. Strength of upper and lower extremities is 4/5. Lower back and middle back are very tight with tender muscles, decreased range of motion of back due to pain, and sensory deficits in L4-5 dermatomes bilaterally. Right shoulder range of motion is limited. Diagnoses include abdominal pain; shoulder joint pain; cervical spine strain; and cervicgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, # 120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids (6-Months or More).

**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 MTUS 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 injured worker is reported to have greater than 30% improvement in her pain, but this is not corroborated with the use of the pain scale. She is reported to have 4-5/10 pain with medication. She is not working, but is able to do chores, housework, and gardening, but the improvement in function with the use of Tramadol is not reported. Side effects from the use of Tramadol are not addressed. Aberrant drug behavior is not addressed. Medical necessity for chronic use of Tramadol has not been established within the recommendations of the MTUS 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 50mg, # 120 with 2 refills is determined to not be medically necessary.