

<b>Case Number:</b>	CM14-0022318		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This is a 51-year-old male with a 02/15/2012 date of injury. A specific mechanism of injury was not described. The patient is status post arthroscopy with labrum debridement and manipulation under anaesthesia (MUA) to the shoulder on 11/6/13. On 2/20/14, the determination was non-certified given that the requested tramadol was directed to post-operative shoulder pain. The patient is three months status post shoulder arthroscopy and should be taking over the counter (OTC) analgesics. Regarding Tramasetron, there was no medical necessity of compounded Ultram/Zofran. 2/12/14 request for authorization (RFA) identifies that the requested tramadol 50mg is to be taken 1-2 four times daily as needed for pain and Tramasetron 100/250/2mg (tramadol/acetaminophen/ondarsetron) is to be taken on three times daily as needed for pain. On 1/15/14, the medical report identified that the patient is taking tramadol and ibuprofen. He indicates that with taking these medication, they are helping his pain. His pain level is 3-4/10 and without medications 7/10. He also take omeprazole as needed which helps his stomach irritation. The patient has had no new injuries. The patient stated that the medication helps reduce some of the pain. The patient has not seen another doctor regarding the injury. The physical therapy helps and the patient was able to take less medications. There is constant dull pain with limited range of motion. There is also numbness and tingling in both hands, mainly in the right hand. On 12/24/13, the urine toxicology test was consistent with prescription of tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81 and 86. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain. Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. New England Journal of Medicine (NEJM) 2003; 349:1943-1953. November 13, 2003. DOI: 10.1056/NEJMra025411 [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** The patient had a surgical procedure on November 2013 after which he has been taking Tramadol for pain control. The January medical report reflects continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is a toxicology report consistent with the patient's prescription of opioid medication. It is also noted that the patient is not seeing any other physicians for this injury. The CA MTUS Chronic Pain Medical Treatment Guidelines support ongoing opioid treatment when prescriptions are from a single practitioner and are taken as directed; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. All of these criteria have been fulfilled by the provider. However, the CA MTUS also states that medications should be prescribed at the lowest possible dose and recommend that dosing not exceed 120mg oral morphine equivalents per day. The requested Tramadol 50mg is to be taken 1-2 four times daily as needed for pain and there is no clear indication for the need for such amount of opioid medication. As such, the request is not certified.

**TRAMASETRON (TRAMADOL/ACETAMINOPHEN/ONDANSETRON) 100/250/2 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, Definition: functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Repackaged drugs, and Opioid Therapy for Chronic Pain. Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. New England Journal of Medicine (NEJM). 2003; 349:1943-1953. November 13, 2003. DOI: 10.1056/NEJMra025411 [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** There is no rationale for the use of this medication. The patient is taking Tramadol separately from this medication and there is no indication for the need of additional Tramadol compounded with Ondansetron. The Official Disability Guidelines (ODG) states that there are no high quality medical studies to evaluate physician dispensing of repackaged drugs

versus pharmacy dispensing on patient outcomes. The medical necessity for this medication was not established. As such, the request is not certified.