

<b>Case Number:</b>	CM14-0028311		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine and Rehabilitation, 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 patient with a date of injury of 7/26/11. A utilization review determination dated 2/5/14 recommends non-certification of tramadol. 2/26/14 appeal letter identifies that the patient has stated the tramadol has helped her relieve her pain by 75%, allowing her to maintain her current level of function and tolerate doing her home exercise program. The patient was prescribed Celebrex at the most recent visit, but the provider wishes for her to have an opioid for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 TABLETS OF TRAMADOL 50MG WITH TWO REFILLS BETWEEN 1/31/2014 AND 3/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for 120 TABLETS OF TRAMADOL 50MG WITH TWO REFILLS, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective

functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider identified in an appeal letter that the tramadol is giving the patient pain relief and functional benefit. However, there is no documentation regarding aberrant use, such as consistent urine drug screens. Additionally, the request is noted to be for breakthrough pain, but a prescription for #360 (#120 and 2 refills) appears excessive for that purpose prior to what should be regular reevaluation, and unfortunately, there is no provision to modify the current request to allow for a more appropriate amount of medication or tapering. In light of the above issues, the currently requested 120 TABLETS OF TRAMADOL 50MG WITH TWO REFILLS is not medically necessary.