

<b>Case Number:</b>	CM14-0097512		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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's original date of injury was obvious to 2013. The industrial diagnoses include chronic knee pain, left meniscal tear, chronic low back pain, spondylolisthesis. Conservative treatment has included physical therapy, acupuncture, chiropractic therapy, and pain medications. The patient has been instructed in self strengthening exercises. The disputed issue is a request for tramadol. This was noncertified in a utilization review determination on June 11, 2014. According to the reviewer, there is "no documentation that this patient has failed a trial of first by analgesics to support the use of tramadol."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Tramadol (Ultram: Ultra.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80 and 94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. It has been reclassified as a schedule IV controlled substance as of August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain.

Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. These factors were all notably absent in a progress note on May 30, 2014. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.