

<b>Case Number:</b>	CM14-0194385		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Interventional Spine 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 patient is a 40-year-old male with injury date of 04/10/12. Based on the 10/29/14 progress report, the patient complains of neck pain rated 3/10 and back pain rated 6/10. Patient denies side effects with medication use per 10/29/14. Patient is status post lumbar surgery on 07/22/14, and he states that his back pain is improving after surgery per 10/29/14 report. Physical examination revealed decreased sensation in the left L4 and L5 dermatomes. X-ray on 10/29/14 showed the hardware is intact for post op per 10/29/14 report. Patient takes Percocet and Flexeril and states that these medications decrease his pain by about 50% and allow him to increase his walking distance by about 5-10 minutes. Treater requests Tramadol "for long acting pain relief and to help taper off the Percocet." Surgery per 10/29/14 progress report:- Microlumbar decompression left L5-S1 on 07/19/13 -Posterior Spinal Fusion (PSF) and Transforaminal Lumbar Interbody Fusion (TLIF) at L5-S1 on 07/22/14 Diagnosis 10/29/14- status post posterior lumbar fusion at L5-S1-Multiple herniated nucleus pulposus (HNP)The request is for Tramadol ER 150mg #30. The utilization review determination being challenged is dated 11/12/14. The rationale is ". Problems with giving patients more than one type of pain medicine at once in terms of possible over-medication and patient confusion. The claimant is using Percocet." Treatment reports were provided from 04/25/14 to 10/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 91-94, 75, 80-84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78, 88-89.

**Decision rationale:** Patient presents with neck pain rated 3/10 and back pain rated 6/10. The request is for Tramadol ER 150mg #30. Patient is status post lumbar surgery on 07/22/14, and he states that his back pain is improving after surgery per 10/29/14 report. Patient stated on 10/29/14 report, Percocet and Flexeril decreases his pain by about 50% and allows him to increase his walking distance. Patient denies side effects with medication use per 10/29/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater requests Tramadol "for long acting pain relief and to help taper off the Percocet." Patient has been taking Percocet at least from 08/08/14 with some benefit. It does not appear that the patient has tried Tramadol in the past. Tramadol is a synthetic opiate that is typically weaker than other opiates. In this case, trial of Tramadol would be reasonable if the treater's intent is to detox the patient from Percocet. The requested trial of Tramadol ER 150mg is medically necessary.