

<b>Case Number:</b>	CM14-0196315		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 is a 67 year old female. The injured worker's original date of injury was June 12, 2011. The injured worker has industrial diagnoses of chronic low back pain, lumbar rigid top of the, shoulder impingement, cervicgia, and cervical disc protrusion at C5-C6 and C6-C7. The patient's pain regimen as per a progress note on May 2, 2014 includes Ultram extended release, naproxen, and orphenadrine. Then later, according to a progress note on July 25, 2014, the addition of cyclobenzaprine was recommended in the spasm was her factory to activity modification, moist heat, cold, exercise, stretching, and use of a Tens unit. The patient was recommend to continue on tramadol extended release. The disputed issue is the request for Ultram ER x 2. A utilization reviewer had modified this request to tramadol 150mg ER, #60 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Cap 150 MG ER x 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80, 94.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on 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 non-adherent) 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 adequately document monitoring of the four domains. There was documentation of a urine drug screen (UDS) completed on 5/9/14. The issue is that the requesting provider requested Tramadol ER 150mg 2 tablets per day (300mg/day) in a note dated 9/26/14, and utilization reviewer had modified this to Tramadol 150mg ER, #60. In fact this is stating the same requests as the original request described in the note dated 9/26/14, and the original request is upheld. This request is medically necessary.