

<b>Case Number:</b>	CM14-0096268		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 64-year-old male who reported an injury on 04/11/2005. The mechanism of injury occurred while the injured worker was working at a warehouse and he sustained injuries resulting in a fracture of the left femur, left wrist, and lower back when he fell to the ground from approximately 15 feet. Medications included Tramadol ER 150 mg and Soma. The diagnostics included an unofficial MRI of the lumbar spine dated 04/22/2013 which indicated scoliosis curvature of the lumbar spine, at L5-S1 there was a 4 mm disc herniation, and at the L4-5 there was a 3 mm disc herniation with abutment of the exiting right L4 nerve root. At the L3-4, there was a 4 mm left disc protrusion with abutment of the exiting left L3 nerve root. The injured worker presented on 09/15/2014 with complaints of lower back pain that occurred over the last week. The injured worker was ambulating with a limp. The injured worker continued to take the tramadol to take the edge off his pain. Diagnoses included a severe fracture to the left femur requiring a 14 inch metal rod with left leg continued internal derangement, left knee internal derangement with numbness of the lateral area, low back intervertebral disc injury with radiculopathy, decreased circulation and fungus on the bilateral lower extremities to include feet, left wrist and hand fracture postoperatively with recurrent carpal tunnel syndrome, refractory depression and anxiety due to the unknown, and prolonged medication use. On the physical examination dated 09/15/2014, the thoracolumbar spine revealed tenderness to the paravertebral musculature positive bilaterally and all other findings negative. The deep tendon reflexes were within normal limits. The sensory evaluation was diminished on the sole of the foot and the dorsum of the foot, otherwise within normal limits. Motor strength was a 5/5 to the right and a 4/5 to the left. The treatment plan was for Tramadol HCL tablets 100 mg #60. The Request for Authorization dated 06/24/2014 was submitted within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 100mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management; weaning of medication Page(s): 78; 124.

**Decision rationale:** The request for tramadol HCL tablet 100 mg qty 60 is not medically necessary. The California MTUS indicate a slow tapering is recommended for opioids. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer acting opioids and then tapered. Per the clinical notes, the prior review recommended weaning the injured worker. The medication was modified to half the amount of tablets request. However, the documentation was not evident of weaning the injured worker for the medication. Additionally, the request did not indicate a frequency. Therefore, the request for Tramadol HCL tab 100mg quantity 16 is not medically necessary.