

<b>Case Number:</b>	CM15-0003236		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52 year old male who sustained an industrial fall injury reported on 7/14/2010. He has reported that he wants to feel better, have more energy, and not feel depressed, so he is now willing to take his medications for ongoing aching and sharp neck pain that radiates to the bilateral wrist/hands and right knee. Associated problems, affected at 50%, include insomnia, concentration, mood, relationships and enjoyment of life. The diagnoses have included cervical disc degeneration; cervical disc disorder with myelopathy; cervical spine fusion cervical 4-5 (7/15/10); chronic pain syndrome; and adjustment disorder with mixed features. Treatments to date have included consultations; multiple diagnostic imaging studies; cervical spine fusion surgery (7/5/10); and medication management. The injured worker was noted to be classified as medically disabled/temporarily totally disabled. On 12/9/2014 Utilization Review non-certified, for medical necessity, the request for continuation of Tramadol HCL 150mg #20, versus 1 capsule once daily, noting the Medical Treatment Utilization Schedule for chronic pain medical treatment Guidelines, was cited. The evaluation notes of 6/12/2014 clearly state a lengthy discussion regarding the risk of serotonin syndrome with concurrent use of Tramadol and his anti-depressant medication, which included what symptoms to watch for and if noted, to stop the Tramadol if necessary, in the continuation of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150 mg ER #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The date of injury was 07/14/2010 and he had cervical spine surgery on 07/15/2010. He has been taking Tramadol, an opiate, since at least 12/2013. For on-going opiate treatment MTUS, Chronic Pain criteria include documentation of analgesia efficacy, improved functionality with respect to activities of daily living, adverse effects and evaluation of drug seeking abnormal behavior. At one point he was not taking any Tramadol. The documentation does not support that continued Tramadol is medically necessary; hence the previous review modification of the requested Tramadol.