

<b>Case Number:</b>	CM15-0161912		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/27/2001
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65-year-old female who sustained an industrial injury on 12-27-01. She had complaints of neck and right arm pain. Diagnosed with cervical spine stenosis and cervical radiculopathy. Treatments include: medication, physical therapy, massage and surgery. Progress report dated 7-2-15 reports exacerbation of right trapezius and rhomboid pain and stiffness. Massage therapy is helpful. Diagnoses include: cervical spondylosis without myelopathy and cervical radiculopathy. Plan of care includes: request Tramadol rescue medication, encouraged to continue massage as soon as possible. Work status: permanent and stationary working full duty. Follow up in 4-6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the continued use of Tramadol is warranted. The injured worker is able to continue to work with the use of this medication and she has decreased her dosage over time. However, per the established guidelines, the use of opioids should be closely monitored for compliance; efficacy, and side effects, therefore, 11 refills are not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdraw symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg #120 with 11 refills is determined to not be medically necessary.