

<b>Case Number:</b>	CM15-0163827		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 9-02-2010. She reported that her neck locked up during a computer class. The injured worker was diagnosed as having discogenic cervical condition and due to chronic pain, weight loss with depression, sleep disorder, sexual dysfunction, headaches and gastroesophageal reflux disease. Treatment to date has included diagnostics, trigger point injections, physical therapy, epidural steroid injection, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker reported being seen by a dentist for TMJ (temporomandibular joint syndrome) and being given Motrin for stress. She reported continued neck pain and headaches. Her pain was not rated. She also reported gastrointestinal complaints, stress, anxiety, and depression secondary to pain. She was not working and did limited chores at home. Physical exam noted tenderness along the cervical paraspinal muscles. The treatment plan included the continuation of Tramadol ER for pain. The use of Tramadol ER 150mg was noted for several months, with prior requests for #30. Follow-up was scheduled in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

**Decision rationale:** The current request is for Tramadol ER 150mg #120. The RFA is dated 07/23/15. Treatment to date has included diagnostics, trigger point injections, physical therapy, epidural steroid injection, transcutaneous electrical nerve stimulation unit, and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, 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 adverse 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/23/15 the patient with chronic neck pain. Physical exam noted tenderness along the cervical paraspinal muscles. The request is for a refill of Tramadol, which the patient has been using since 07/02/14. Progress reports from 03/02/15 through 07/23/15 were provided for review. Progress reports continually seek refills of Tramadol for the patient's pain, but there is no discussion regarding medication efficacy. The treater has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.