

<b>Case Number:</b>	CM15-0194169		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 4-7-11. The injured worker is being treated for hypertension, gastroesophageal reflux disease and bilateral upper extremity injury. Treatment to date has included oral medications including Omeprazole, Gabapentin and Tramadol (since at least 3-1015); left shoulder surgery, home exercise program and activity modifications. On 6-16-15, the injured worker complains of neck or upper back problem rated 7 out of 10 and on 8-6-15 she complained of stomach pain with fatigue during the day and pain at night rated 5 out of 10 with medication. She is currently not working. Physical exam performed on 6-16-15 revealed tenderness to palpation of cervical paraspinals and on 8-6-15 revealed soft abdomen with normal bowel sounds. The treatment plan included pain management and continuation of medications. On 9-3-15 request for Tramadol 50mg #60 was modified to #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was only limited reports found in the notes to show this full review regarding tramadol use was completed. It was reported that the worker's pain level ranged from 6-8/10 on the VAS. Whereas with tramadol use, this came down to 5/10, based on a recent report. However, the worker admitted to only using this medication as needed, with one report suggesting that she may avoid it for days before taking it. The prescription for twice-a-day use would then seem excessive, if she was not using it regularly. The reason for not using it regularly was not disclosed in the notes provided. There was also no specific report of how the medication was able to improve her overall function, which is required in order to justify its continuation, on an as-needed basis or with regular use. Therefore, considering the factors above, this request for tramadol 50 mg #60 (twice-a-day use) is not medically necessary.