

<b>Case Number:</b>	CM15-0198744		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 28 year old male, who sustained an industrial injury on 9-22-14. The injured worker was diagnosed as having cervical spine sprain-strain. Treatment to date has included physical therapy; TENS unit; Toradol injection; medications. Currently, the PR-2 notes dated 9-23-15 is hand written and difficult to decipher. It appears to indicate the injured worker complains of neck pain "9 out of 10" and reports she takes Tylenol 500mg two tablets daily and now not helping. She also reports she ran out of Lunesta and not able to sleep at night without taking it. If she takes Lunesta, he can sleep 3-4 hours a night. The provider notes the injured worker cried in the office. Objective findings include positive tender to palpation the cervical spine, decreased flexion and extension of cervical 40%. His gait is notes as normal. The treatment plan includes note of: "1) will be re-scheduled for another QME-AME. 2) continue home exercise program-heat-ice-TENS. 3) cervical ultrasound today. 4) Toradol 60mg IM today for flare-up pain. 5) request-depression consult. 6) sign controlled substance prescription consent form. 7) Tramadol 50mg 1 tab PO twice daily for severe pain #60. 8) Dispense Cyclobenzaprine; Omeprazole; Soma; Lunesta. Remain off work." PR-2 (QME) dated 6-15-15 indicates that Tramadol was first prescribed 11-4-14. A Request for Authorization is dated 10-3-15. A Utilization Review letter is dated 10-2-15 and non-certification for Tramadol 50 mg Qty 60. A request for authorization has been received for Tramadol 50 mg Qty 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol 50 mg Qty 60, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also have steps to take before a Therapeutic Trial of Opioids. These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Pain related assessment should include history of pain treatment and effect of pain and function. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, not all the Steps to take before a Therapeutic Trial of Opioids have been done recently. In light of the above issues, the currently requested Tramadol 50 mg Qty 60, is not medically necessary.