

<b>Case Number:</b>	CM15-0200420		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/01/1996
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: 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 46 year old male, who sustained an industrial injury on 08-01-1996. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for severe hypertension, recurrent headaches, history of bleeding ulcer, claudication, and sleep disturbance due to headaches. Treatment and diagnostics to date has included acupuncture and medications. Recent medications have included Spironolactone and Cozaar. Subjective data (08-31-2015 and 09-24-2015) included headaches. Objective findings (09-24-2015) included blood pressure of 150 over 110. The request for authorization dated 09-23-2015 requested Tramadol 50mg #180 one pill 3x daily as needed with 3 refills for headaches. The Utilization Review with a decision date of 10-01-2015 non-certified the request for 180 Tramadol 50mg with 3 refills. A letter of appeal has been submitted dated 11/8/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Tramadol 50mg with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per the MTUS guidelines, opioids are generally not supported for headaches. In this case, the injured worker has presented for hypertension and headaches. The provider has prescribed Tramadol for the treatment of headaches until the right regimen has been obtained for the injured worker's headaches. It is noted that Tramadol does not increase headaches, and obtaining control of blood pressure might alleviate that headaches. As such, at this juncture, the request for 180 Tramadol 50mg with 3 refills is medically necessary and appropriate.