

<b>Case Number:</b>	CM15-0211192		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/25/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 York, Tennessee

Certification(s)/Specialty: Emergency 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 69 year old male, who sustained an industrial injury on 6-25-2004. The injured worker was diagnosed as having spondylolisthesis. Treatment to date has included medications. On 8-26-2015, the injured worker complains of daily back pain with a component of intermittent radiculopathy bilaterally. He was retired. He reported only mild occasional medication use, such as Tramadol, "which he states has been extremely helpful". His visual analogue scale was 68 without medication, reduced to 11 with medication (vas score not noted 3-11-2015). Analgesic medication provided "substantial reduction of pain" for a minimum of up to six hours and improved function and quality of life. Function with activities of daily living was not described. Exam noted thoracolumbar spine range of motion was limited. Straight leg raise was slightly positive at 60 degrees bilaterally, motor exam was "normal" in the lower extremities, and sensory exam was "normal". His roentgenograms "disclosed a 40% spondylolisthesis of L5 on S1". The duration of use for Tramadol could not be determined. Urine toxicology was not submitted and CURES reports were not referenced. On 10-09-2015 Utilization Review modified a retrospective request for Tramadol HCL 37.5-325mg #360 (dispensed 8-26-2015 for 3-4 month maintenance) to Tramadol HCL 37.5-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol HCL 37.5/325 mg #360 with a dos of 8/26/2015: Upheld**

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

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

**Decision rationale:** Tramadol/acetaminophen compounded medication containing the opioid tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. In this case the patient has been receiving tramadol/acetaminophen since at least March 2015. There is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.