

<b>Case Number:</b>	CM15-0038884		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 43 year old female, who sustained an industrial injury on 09/29/2008. She has reported subsequent occipital headaches, neck pain and right upper extremity pain and was diagnosed with right shoulder tenosynovitis, cervicobrachial syndrome, thoracalgia and post-traumatic headaches. Treatment to date has included oral and topical pain medication. In a progress note dated 02/03/2015, the injured worker complained of continued headaches, neck, right shoulder, forearm, wrist and hand pain that was rated as 8/10. Objective findings were notable for decreased range of motion and pain in the right shoulder and cervical spine and tenderness of the cervical spine. The physician noted that Tramadol Extended release was being requested to provide better pain control throughout the day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Cap 150mg ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): (s) 74-95, page 124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing decreased sleep, constipation, dizziness, nausea with vomiting, numbness, weakness, headaches, neck pain with stiffness, right wrist pain that went into the hand and elbow, and right shoulder pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In addition, an indefinite supply would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of tramadol-ER 150mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. Therefore the request is not medically necessary.