

<b>Case Number:</b>	CM15-0081263		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, 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 72 year old female who sustained an industrial injury on 8/3/05. The injured worker reported symptoms of depression as well as symptoms in the neck. The injured worker was diagnosed as having pain disorder, major depress, generalized anxiety disorder, osteoarthritis, osteoporosis, cervicgia and right rotator cuff tear. Treatments to date have included oral pain medication, and oral antidepressant medication. Currently, the injured worker complains of discomfort in the neck with associated headaches as well as symptoms of depression. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL tab 100mg ER days supply: 30 quantity: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for over 6 months. Although, the current dose is reduced 50% from the dose in September 2014, there was no indication of failure of Tylenol. The claimant is interested in minimizing medications. There was no mention of weaning protocol. The continued use of Tramadol as prescribed in high dose extended release is not medically necessary.