

<b>Case Number:</b>	CM13-0049828		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records reflect a previous partial certification in the preauthorization process so as to allow for a weaning protocol. This weaning protocol was agreed upon by the treating neurologist. It is also noted that the claimant has a history of alcohol/medication habituation with a suicide attempt. It is noted that a known side effect of this medication could compromise the clinical situation (serotonin syndrome) and the medication is not supported in the literature. The most recent progress note reports acute diagnoses of mood disorder, panic disorder and impulse control disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG ONE MONTH SUPPLY FOR WEANING PURPOSES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

**Decision rationale:** Per California MTUS, states opioids are to be continued if the patient has returned to work or if the patient has improved functioning and pain Noting the date of injury, the current psychiatric diagnoses being offered, the history of suicidal attempts, as well as the

known complication secondary to the serotonin reuptake inhibitor medication and this preparation, there is insufficient clinical data presented to support the ongoing use of this opioid medication. Therefore, based on the limited clinical information presented, this request is not indicated.