

<b>Case Number:</b>	CM14-0149240		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, and is licensed to practice in Minnesota. 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 injured worker is a 52 year old male with a history of intermittent pain in the cervical spine rated 5/10 radiating to the upper extremities associated with headaches and interscapular pain. There is constant low back pain rated 5/10 radiating to both lower extremities. He also complains of frequent episodes of bilateral knee pain associated with swelling and buckling. The diagnosis is cervicalgia, lumbosacral neuritis, lumbar disc disorder, internal derangement of knees, status post arthroscopy left knee with patella tendon debridement (1996). The disputed issue pertains to a prescription for Tramadol 150 mg # 90. The documentation does not include mandated urine drug screen, risk assessment profile, evidence of weaning although suggested the last time, and an updated pain contract. An opportunity for weaning was provided and UR recommends non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg QTY 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 82, 83, 89, 94, 95 and 113.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Opioids are recommended for neuropathic pain that has not responded to first line recommendations such as anti-depressants and anti-convulsant. There is no documentation of any such trial in the available records. Opioids are not recommended for long term use in back pain. They are not recommended for headaches. Furthermore, they are not recommended as a first line therapy for osteoarthritis of the knees. They are recommended for nociceptive pain, the most common example being cancer. Tramadol is an opioid and as such is governed by the same State mandated guidelines as other opioids such as urine drug screening, risk assessment profile, a pain contract, and evidence of weaning. There is no documentation supporting compliance with these guidelines. An opportunity for weaning was provided the last time. As such, the request for Tramadol 150 mg. # 90 is not medically necessary per guidelines.