MAXIMUS Federal Services

| Case Number: | CM14-0158724 | | |
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| Date Assigned: | 10/02/2014 | Date of Injury: | 02/22/2012 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/27/2014 |

## 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. 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: Texas, 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:

This is a 53 years old male patient who sustained an injury on 2/22/2012. The current diagnoses include low back pain, tinnitus, neck pain and right shoulder pain. Per the doctor's note dated 8/21/2014, he had complaints of low back pain with radiation to lower extremity, neck pain with occasional radiation to the right arm, right shoulder pain and tinnitus in his car. The physical examination revealed no significant changes. Patient had pain at 3-4/10 with medications and at 8/10 without medications. The medications list includes tramadol, relafen and amitriptyline. He has undergone lumbar discectomy on 2/5/2013. He has had a urine drug screen on 4/30/14 which was inconsistent for opioids.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Relafen 750mg #120 (twice a day):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22, 67.

**Decision rationale:** Relafen is an NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had complaints of chronic low back pain, neck pain and right shoulder pain. NSAIDs are considered first line treatment for pain. The retrospective request of Relafen 750mg #120 (twice a day) was medically appropriate and necessary for this patient at that time.

**RETRO: Tramadol 50mg #200 (three times a day):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Tramadol; Weaning of medications Page(s.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Evidence of neuropathic pain is not specified in the records provided. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The urine drug screen was inconsistent for opioids. Whether the patient is taking tramadol or needs tramadol, on a daily basis, is not specified in the records provided. Significant objective functional improvement attributable to the daily use of tramadol was not specified in the records provided. Evidence that the patient is using tramadol on an as needed basis for episodic exacerbations as recommended by the cited guidelines, was not specified in the records provided. The patient's level of functioning with the use of Relafen, without the use of tramadol, is not specified in the records provided. The need for 200 tablets of tramadol, for use three times a day, on a daily basis, is not fully established in this patient. It is deemed that the medical necessity of the retrospective request for Tramadol 50mg #200 (three times a day), as prescribed, is not fully established.