

<b>Case Number:</b>	CM14-0217028		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/02/2007
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

This is a 47 year old female with a work injury dated 03/02/2007. The injured worker (IW) states she fell while pushing a client in a wheelchair. She lost her balance and twisted her right foot and ankle. She was initially diagnosed with ankle sprain. She was temporarily totally disabled on 03/02/2007 and has never returned to work. She was diagnosed with complex regional pain syndrome. Treatment has consisted of physical therapy, acupuncture, Thai and craniosacral massage along with pain medications. On 11/14/2014 she presented for follow up evaluation. The injured worker (IW) had completed the Functional Restoration Program and continued using skills and tools that she learned in the program. In addition she continued learning other techniques helping her manage the pain. She exercises in a gym 3-4 times a week and meditates every day. She continues to have left hip, right ankle and foot pain. The pain is described as "ice cold and sharp" with a burning sensation and tingling in her foot. The pain is rated as 6-7 on a scale of 1-10 in intensity in her right foot and is intense but not constant. Left hip pain is described as intense but less frequent. Diagnoses were: Complex regional pain syndrome, hip pain, sprain of ankle and/or foot. Physical exam of the right foot revealed slight allodynia and hypersensitivity. The right foot was cooler to touch. Deep tendon reflexes were 2+ at the knees and ankles and motor strength was preserved. There was slightly decreased range of motion in the ankle joint. Treatment recommendations were to continue home exercise program, yoga, meditation and Tai Chi. Tramadol 50 mg tablet one twice daily # 60 with 2 refills was requested. On December 16, 2014 utilization review (UR) issued the following decision regarding Tramadol: In regard to the patient, the ongoing use of tramadol is not indicated. The patient has

been on chronic opioid therapy for many years which is generally unsupported in the absence of clinical evidence of quantified pain or functional improvement, or a return to work , unless there are extenuating circumstance. There are no extenuating circumstances in the patient's case and there is a lack of demonstrable and quantified evidence of meaningful functional benefits as a result of the long term use. Weaning from tramadol was previously recommended on 07/18/2013. A final attempt at weaning will be made for the patient's safety. Therefore the request for 1 prescription of Tramadol 50 mg # 60 with 2 refills is certified with modification to 1 prescription of Tramadol 50 mg # 45 with no refills. Guidelines cited were California Chronic Pain Medical Treatment Guidelines (May 2009), Tramadol. The request was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been taking tramadol since at least November 2008 and had not obtained analgesia. In addition there is no documentation that the patient had signed an opioid contract or was participating in urine drug testing since 2010. Criteria for long-term opioid use have not been met. Therefore, the request is not medically necessary.