

<b>Case Number:</b>	CM15-0006316		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 45 year old male, who sustained an industrial injury on 08/03/2012. He has reported subsequent bilateral hip, right knee and right foot and ankle pain and was diagnosed with hip and lumbar sprain/strain and right knee status post open reduction internal fixation. Treatment to date has included medication, physical therapy and acupuncture. A PR-2 from 11/25/2014 noted that the injured worker was continuing to report bilateral hip, right knee and right foot and ankle pain that was noted to have decreased. The PR-2 findings are difficult to read so the objective examination findings are uncertain. The physician requested a refill of Tramadol for pain relief. On 12/11/2014, Utilization Review partially certified a request for Tramadol, modifying the request from 150 mg ER to 150 mg ER #20 for progressive wean at 10% per week, certification expires 01/11/2015 noting that there was no evidence of significant functional improvement with use of the medication and that it should be weaned. MTUS Chronic Pain and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL CAP 150mg ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76,79- 80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain section, opioids

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. The medical records report chronic pain treated with tramadol but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.