

<b>Case Number:</b>	CM15-0014717		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 37 year old male, who sustained an industrial injury on June 28, 2013. The injury is cumulative in nature with ongoing complaints of low back pain radiating to the right leg, neck, right shoulder and right knee. The diagnoses have included lumbar radiculopathy with stenosis and spondylolisthesis, right knee internal derangement, right shoulder strain and cervical strain/sprain. A progress note dated December 8, 2014 provides the injured worker complains of low back pain rated 7/10 relieved by medication but only for a short period. Physical exam noted lumbar flexion 50 degrees and extension 15 degrees and mildly tender on palpation. On January 12, 2015 utilization review modified a request for Tramadol 50 mg #90 with 1 refill, allowing #24 for continued weaning. The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-78 and 93-94.

**Decision rationale:** The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of tramadol within the MTUS guidelines noted above. Long-term use of tramadol, for greater than 3 months, is documented in the records. Pain levels have remained relatively constant with no documented functional improvement. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The records do not document a complete pain assessment as noted above. The utilization review of 1/12/15 modified the request for tramadol 50 mg #90 with 1 refill, certifying #24 with no refill, for continued weaning. Continued use of tramadol will require documentation of pain assessment and functional improvement consistent with the MTUS guidelines. The request for tramadol 50 mg #120 is not medically necessary.