

<b>Case Number:</b>	CM15-0129945		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/15/2007
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 68 year old male, who sustained an industrial injury on 1/15/2007. He reported developed pain to the neck, upper and lower back, and right upper extremity from painting. The injured worker was diagnosed as having cervical degeneration, cervical radiculopathy, cervical/shoulder girdle strain, intermittent lumbar strain, and cervical spinal stenosis. Treatment to date has included medications, physical therapy, modified duty, and trigger point injections. The request is for Tramadol. On 5/18/2015, he is noted to be seen in follow up for pain to the neck, bilateral upper extremity and low back pain. The provider noted it had been 6 months since his last appointment, and that on his last visit he specifically requested Valium for treatment of his pain. He is reported to not have any explanation for his 6 month absence other than he had become "forgetful" for which he was referred to see his primary care physician. His request for Valium was referred to his primary care physician. He indicated he had increased pain. He is not currently working, and is reportedly not using any prescribed medication and related he was not interested in serotonin norepinephrine reuptake inhibitors or selective serotonin reuptake inhibitors. The physical examination revealed increased muscle tone and tenderness in the trapezius. He is noted to be taking over the counter Aleve and Aspirin. The treatment plan included: trial of Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram); Ultram (Tramadol) Page(s): 74-95, 113, 123.

**Decision rationale:** Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the criteria for trial of opioids including establishing a treatment plan. The treatment plan should discuss reasonable alternatives to opioid treatment, and have these been tried; likelihood of improvement; trials of other treatment(s) including non-opioid medications; likelihood of abuse or an adverse outcome; and type of pain nociceptive or neuropathic. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating opioid therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include: social, physical, psychological, and daily and work activities, and should be performed using a validated instrument or numerical rating scale. The pain related assessment should include a history of pain treatment and effect of pain and function. There should also be an assessment of the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The injured worker should have at least one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. The physician should document discussion of the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician to document patient education, treatment plan, and informed consent. The pain treatment agreement should include the consequences of non-adherence; and consider the use of a urine drug screen to assess for the use or presence of illegal drugs. The records indicated he was taking Aleve and Aspirin as directed by another physician. The records do not indicate failure of the Aleve and/or Aspirin. The records indicate he missed 6 months of treatment due to forgetting, he refused non-opioid treatment and alternative treatments to opioid therapy. He specifically requested Valium for his pain again after being referred to his primary care physician for this request initially. In addition, the records do not indicate documentation of a baseline pain and functional assessment prior to initiating the trial of Tramadol, and a discussion of the injured worker's treatment goals. There is no discussion with the injured worker for a pain agreement, or urine drug screen monitoring, or of the risks and benefits of the use of controlled substances. The trial of Tramadol has not met the CA MTUS guidelines for trial of opioids. Therefore, the request for Tramadol is not medically necessary.