

<b>Case Number:</b>	CM15-0026150		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 59 year old female who sustained an industrial injury on June 22, 2006. There was no mechanism of injury documented. The injured worker was diagnosed with idiopathic scoliosis of the thoracolumbar spine with mechanical back pain, right lumbar radiculopathy and depression. The injured worker underwent a segmental instrumentation with pedicle screw from T9-S1 on February 21, 2008. According to the primary treating physician's progress report on December 24, 2014, the injured worker's physical examination was unchanged. The injured worker reported doing better with similar symptoms and ready to wean some medications. Current medications consist of Voltaren, Orphenadrine, Gabapentin, and Ultram. The treating physician requested authorization for Retrospective Tramadol ER 150mg #60 dispensed on 12/24/2014. On January 13, 2015 the Utilization Review modified the certification for Retrospective Tramadol ER 150mg #60 dispensed on 12/24/2014 to Tramadol ER 150mg to a one month supply for weaning purposes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol ER 150mg #60 dispensed on 12/24/2014: 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 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 and no specific functional improvement is noted. Pain control appears to be adequate at times but not at other times. As noted in the Utilization Review of 1/13/15, there is confusion in the treatment note of 12/24/14 regarding the current treatment with tramadol ER 150mg BID versus tramadol 50mg, 3 tablets TID. This should be clarified. Additional documentation will be required, per MTUS guidelines, to support the ongoing use of tramadol. The request for tramadol ER 150 mg #60, dispensed on 12/24/14 is not medically necessary.