

<b>Case Number:</b>	CM15-0028485		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/22/1994
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old female who sustained an industrial related injury on 4/22/94. The injured worker had complaints of cervical spine and low back pain that radiated to the head and bilateral upper and lower extremities. Numbness and pins and needles sensations were also noted. Physical examination findings included decreased strength to the myotome at L5, severe spasms along the upper/medial trapezius and paraspinal muscles, and pain with palpation to the left sacroiliac joint. Diagnoses included displacement of cervical intervertebral disc without myelopathy, myalgia, myositis, neuralgia neuritis, radiculitis, lumbosacral spondylosis without myelopathy, and opioid dependence. Medications included Ativan, Welbutrin, Aspirin, Abilify, and Tramadol. The treating physician requested authorization for Tramadol HCL 50mg. On 2/2/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

**Decision rationale:** MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. Opioid medication is not intended for long term use. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. As such, the request for Tramadol HCL Tab 50mg #90 is not medically necessary.