

<b>Case Number:</b>	CM15-0063312		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 was a 55 year old male, who sustained an industrial injury, December 18, 2013. The injured worker received the following treatments in the past FCE (functional capacity Evaluation), random toxicology laboratory studies, Tramadol, Naproxen, Tylenol #3, omeprazole, benazepril and lumbar spine MRI. The injured worker was diagnosed with myoligamentous strain of the lumbar spine with left sided radiculopathy including significant weakness of the left extensor hallucis longus muscle, cervical spine strain, inflammatory process of the shoulders bilaterally, rule out frozen shoulder, bilateral lateral epicondylitis, inflammatory process of the right wrist, right sided protrusion acetabuli, inflammatory process of the bilateral knees and disc protrusion of L4-S1 L3-L4 and L2-L3. According to progress note of February 11, 2015, the injured workers chief complaint was headaches, low back pain with radiating pain to the buttocks and down the lower extremities, right greater than the left. There was weakness in the left foot which sometimes caused the injured worker to stumble. Right shoulder pain and right upper extremity. The right foot was hurting more after putting more pressure on it to spare the pressure on the left foot. The physical exam noted the left foot with increased tenderness in the left heel compared to the last examination and increased tenderness distal to the lateral malleolus. The treatment plan included prescription renewal for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #120 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**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:** Tramadol is classified as a central acting synthetic opioids. 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. MTUS states that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol HCL 50mg #120 with 3 refills is not medically necessary.