

<b>Case Number:</b>	CM15-0093052		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an industrial injury to the back, legs, abdomen/groin and right shoulder on 9/6/07. Previous treatment included physical therapy, chiropractic therapy, injections and medications. In a PR-2 dated 1/16/14, the injured worker reported that Tramadol was the only thing that made him feel normal. In an Agreed Medical Evaluation dated 5/15/14, the injured worker reported that Tramadol caused sleepiness, insomnia, nausea, difficulty thinking and a generalized sick feeling. In a PR-2 dated 4/3/15, the injured worker reported that the Tramadol prescribed last visit was not relieving his pain. In a PR-2 dated 4/17/15, the injured worker was requesting a medication change from Norco to Tramadol due to Norco causing him to get sick. The injured worker reported no changes in his symptoms with 5/10 pain to the back, shoulder and bilateral knees. Current diagnoses included bilateral shoulder impingement syndrome, sacroiliac ligament sprain/strain, cervical spine sprain/strain, right cervical spine radiculopathy, lumbar spine sprain/strain and left leg radiculopathy. The treatment plan included a prescription for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Tramadol 50mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2007 and continues to be treated for back, shoulder, and bilateral knee pain. There is a reported allergy to Vicodin and similar medications. When seen, Pain was rated at 5/10. Norco had been prescribed and was causing him to be sick and was not providing pain relief. He was requesting that it be changed to tramadol. Physical examination findings included lumbar spine restrictions with tenderness and muscle spasms. Tramadol was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. After treatment for an incarcerated incisional painful hernia and had not been effective. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Although it had previously been ineffective, it had been prescribed during an acute episode of gastrointestinal pain due to an incarcerated hernia. Therefore, the prescribing of tramadol was medically necessary.