Case Number:	CM17-0017734		
Date Assigned:	02/01/2017	**Date of Injury:**	10/12/2016
Decision Date:	02/24/2017	**UR Denial Date:**	01/03/2017
Priority:	Standard	**Application Received:**	01/26/2017

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: South Carolina,North Carolina
Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on October 12, 2016. The injured worker was diagnosed as having headaches, post-traumatic cephalalgia, cervical spine pain, cervical myofascialgia, anxiety, and depression. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated December 21, 2016 the treating physician reports complaints of headaches with memory loss and nausea, pain to the neck that radiates to the arms, and symptoms of anxiety and depression. Examination performed on December 21, 2016 was revealing for guarding to the cervical spine, tenderness to the cervical paraspinal muscles from the cervical 1 to cervical 7 levels, tenderness to the upper shoulder and trapezii muscles, triggering to the upper trapezii muscles, decreased range of motion to the cervical spine, tenderness to the lateral deltoid muscles, and decreased range of motion to the bilateral shoulders. The injured worker's medication regimen on December 21, 2016 included Prednisone, medications for lupus not included, and medications for pain not listed, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of the medication regimen and after use of the medication regimen to indicate the effects with the use of the injured worker's medication regimen. The progress note from October 17, 2016 included the medication regimen of Ibuprofen and Tylenol No. 3 and requested the medication Ondansetron. On December 21, 2016 the treating physician requested Tramadol 50mg with a quantity of 60, but did not include the specific reason for the requested medication. On January 03, 2017 the Utilization Review determined the request for Tramadol 50mg with a quantity of 60 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.7.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Monitoring Effectiveness of Chronic Opioid Treatment: Clinically Meaningful Improvement of Pain and Function, 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment, 4.1 Tapering Opioids: Indications for Tapering Opioids, 4.2 Tapering Opioids: Methods for Tapering Opioids, 3.3.7.1 Opioids for Chronic Pain and Chronic Opioid Treatment: Monitoring Effectiveness of Chronic Opioid Treatment: Tracking Pain and Function to Monitor Effectiveness of Chronic Opioid Treatment.

Decision rationale: Tramadol, is a centrally-acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits re-uptake of serotonin and norepinephrine with the side effects of traditional opioids. The CA MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, however the emphasis should remain on non-opioid medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of noncompliance. Functional improvement is defined by either significant improvement in ADLs or a reduction in work restrictions. In this case, there is no documented evidence that first-line medications or treatment were attempted prior to prescribing an opioid. In addition, the patient has 2 conditions which are a relative contraindication to opioid use. The medical records do not document previous use of Tramadol. Therefore the request for Tramadol 50 mg #60 is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this injured worker. The medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the IW is advised to speak with their treating physician. The treating physician and IW are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering Opioids"), and if necessary other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for weaning and terminating opioids for this IW.