

<b>Case Number:</b>	CM13-0031186		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old female who was injured leading up to 11/22/11. She was diagnosed with lumbar spine strain with lumbar disc pathology and radiculopathy, lumbar facet joint syndrome/hypertrophy, neuroforaminal stenosis L4-5 and L5-S1, right knee chondromalacia patella, myofascial pain syndrome lumbar, and right ankle strain. She was treated with oral analgesics, muscle relaxants, topical analgesics, acupuncture, home exercises, shock wave therapy, physical therapy, epidural injections, and lumbar facet joint blocks. She was able to return to work with some restrictions. On 4/8/13, the injured worker was seen by her orthopedic physician reporting little relief up to that point with the previous treatment methods in regards to her lower back and hips pain, but that epidural injections helped in the past, although not indefinitely, and that her pain had returned in her right knee, lower back, occasional right ankle pain, and bilateral hip pain. She reported using a "medication for her stomach" and "anti-inflammatories". She was recommended she repeat MRI and EMG testing of the lower extremities. On 5/6/13, a request for Tramadol 150 mg #30 was made by the worker's treating physician and physician's assistant. The documents provided for review report that the injured worker was using oral and topical medications to help control her chronic pain, but do not specify which medications, how they were used, and for how long she had been using them. It is unknown if the injured worker had been using Tramadol before this request, or if it is a new request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL 150MG, #30  
(DOS: 5/6/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In this case, documentation for the review of this medication is lacking. There is no evidence of a discussion required before initiation of an opioid, if this was a first-time request for an opioid, and if this has been an ongoing medication for the injured worker, there is no evidence of a review of functional and pain benefit. Therefore, the retrospective request for Tramadol 150 mg # 30, DOS 5/6/13 is not medically necessary and appropriate.