

<b>Case Number:</b>	CM13-0036606		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 66-year-old male who reported an injury on 06/03/2011. The mechanism of injury was not provided in the medical records. The patient's diagnoses include post-traumatic stress disorder after workplace assault, hoarseness after neck trauma, and musculoskeletal neck and lumbar tenderness. Initial conservative treatment is unclear; however, it did include activity modification and medications. It also appears that he has had some psychological treatment; however, there were no corresponding clinical records submitted for review. There were also no detailed clinical notes submitted for review, and the latest PR-2 dated 10/28/2013 states that the patient had been getting Tramadol for pain, but does not record any pain levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg qid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 167;9792.24.2 Page(s): 46, 79-81. Decision based on Non-MTUS Citation ODG (Pain Chapter)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** California MTUS Guidelines state that ongoing management for opioid use should include 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 the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be evidence of frequent urine drug screens. In the medical records submitted for review, there was no objective documentation reporting the efficacy of the pain medication nor was there submission of urine drug screens. As such, the request for Tramadol 50 mg qid is non-certified.