

<b>Case Number:</b>	CM13-0042789		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Occupational Medicine and is licensed to practice California. 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 claimant is a 48 year old male with status post injury of 2/22/11. 9/23/13 progress note states that the patient has pain in the neck and back. Without medications, pain is notd to be 9/10 and with medications it is 5 or 6/10. A QME from 5/28/13 noted that future medical care should include medication such as Diclofenac, Ultracet, Tizanidine, And Soma. The patient could also benefit from the addition of Cymbalta, at that time the Tramadol should be stopped or lowered. Examination revealed lumbar paraspinal tenderness, positive left sciatic nerve stretch test . Request was for medications that included Diclofenac, Omeprazole, Tramadol (50mg 1 tid prn #90 with two refills). 8/15/13 progress note stated that the patient complaints of lower back pain, neck pain, midback pain, right shoulder pain, and headaches. With pain medication the pain level is 6-7/10, without the medication it would be 9-10/10. The opioid medication allows him to perform activities of daily living. He denies side effects. The medication is only for 30 days and is only provided by the providers office.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF TRAMADOL 50MG #90 WITH TWO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The records reviewed indicate that the pain medications are effective (lowering pain from 9/10 to 5-6 out of 10) and there are concordant functional benefits. However, there is no clear documentation of monitoring to confirm compliance with medication use (urine drug screens, CURES reports, pain contracts). There is no long-term plan for weaning. There is no justification for two refills of a narcotic medication without re-evaluation and reassessment. The request for one prescription of Tramadol 50 mg# 90 with two refills is not medically necessary and appropriate.