MAXIMUS Federal Services

| Case Number: | CM13-0049495 | | |
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| Date Assigned: | 05/09/2014 | Date of Injury: | 06/08/1996 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## 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 in 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 patient is a 45 year old male who developed low back pain DOI 6/08/96. He was diagnosed with a disc protrusion with associated S1 nerve root displacement. He declined surgery and has been treated with multiple epidural injections, analgesic medications and therapy. He has continued to have pain rated at 7-9/10 with no documented subjective pain benefits nor functional benefits from the medications. On 1/15/07 his treating physician opinioned that he was utilizing to much short half life opioids and recommended disontinued use of Lorcet or Vicodin. More recently he has been under the care of an Orthopedic Surgeon who has been prescribing the chronic use of Norco 5/25 #90 and Tramadol 50mg # 90 with on at least a monthly basis. Prior UR recommended tapering of the Opioids, but they were not cut off and there is no evidenced of diminished prescriptions being written. On 11/22/13 UR approved post surgical use of Tramadol for 2 weeks, but denied the concurrent use of Norco. On 8/13/13 and 9/23/13 urine drug screening was negative for both Norco and Tramadol , but it was positive for Xanax which was also being prescribed. The prescribing physician did not comment on the negative screening results.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MILLIGRAMS(MG) #90 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to discontinue Page(s): 79.

**Decision rationale:** The ongoing use of Tramadol does not appear medically necessary and the recommended tapering appears appropriate. This is supported by 2 distinct factors as noted in the MTUS Guidelines on Chronic Pain. There needs to be pain relief as evidenced by functional improvements secondary to the opioid use. In addition there should be no ongoing misuse of the opioid medication. There is no documentation of any functional benefits or even subjective benefits from the opioid medication. Also, the last 2 drugs tests where negative for the prescribed medications while they were still being authorized. There is no discussion or monitoring of this apparent misuse by the prescribing physician. The request is not medically necessary.