

<b>Case Number:</b>	CM13-0049965		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 53-year-old male with a date of injury on 06/13/2007. The progress report dated 10/03/2013 by [REDACTED] indicated that the patient's diagnoses include: Facet arthropathy, cervicgia, cervical spine HNP with nerve root impingement at C4, C5, C6, lumbar spine HNP, with nerve root impingement at L3, L4, L5, right shoulder DJD, NSAID-induced gastritis. The patient continues with complaints of neck pain, back pain, and leg pain. The patient rated her pain at a 7/10. No alleviating factors were reported by the patient. Exam findings included decreased range of motion of the lumbar and cervical spine. The patient had a positive compression test and Spurling's test of the cervical spine on the right. The patient also had a positive sitting straight leg raise test on the right. The patient was prescribed tramadol 50 mg to take every 6 hours and was dispensed #60 with 0 refills for breakthrough pain. The patient was also prescribed Cyclobenzaprine and Gabapentin for pain relief. The utilization review letter dated 10/10/2013 indicated denial for tramadol with the rationale that it was not recommended by MTUS Guidelines for the long term treatment of chronic pain.

### 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 Chronic Pain Treatment Guidelines Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 88-89, 93-94.

**Decision rationale:** The patient continues with neck pain and low back pain with radicular symptoms into the lower extremity. The progress reports from 06/25/2013, 07/25/2013, and 10/03/2013 were reviewed and indicated the patient had reported her pain level between a 7/10 and a 9/10. No documentation was provided in these reports indicating that the patient had any pain relief associated with the Tramadol medication which was prescribed in each of those visits. The MTUS Chronic Pain Guidelines pages 88 and 89 regarding long term users of opioids state that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS Chronic Pain Guidelines pages 93 and 94 indicate that Tramadol is recommended for moderate to severe pain. It appears that this patient may have a medical necessity for this medication as they report moderate to severe pain between 7/10 and 9/10. However, progress reports reviewed did not contain any information regarding the patient's decreased pain or improved quality of life or function related to taking this medication. Without documentation of the patient's response to this medication and functional improvement validated on a numerical scale, chronic opiate use cannot be justified.