

<b>Case Number:</b>	CM13-0052090		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 injured worker is a 41-year-old man who sustained a work-related injury on October 10, 2011. Subsequently, the patient developed with chronic back pain. According to the note dated on October 8, 2013, the patient continued to have chronic back pain with numbness and weakness in both legs. His physical examination demonstrated reduced range of motion of the lumbar spine. The patient was diagnosed with the compression fracture at L1-L2, multilevel lumbar spine facet arthropathy, multilevel lumbar spine canal stenosis, multilevel lumbar spine degeneration and lumbar spine radiculopathy. The patient was treated with Naprosyn, Prilosec and tramadol. A urine drug screen was performed on September 30, 2013 and did not detect urine tramadol. The provider requested authorization to continue the tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #180 WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system and it is not recommended as a first-line oral analgesic. In addition and according to the MTUS Chronic Pain Guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the medical records provided for review, the patient's condition did improve with previous use of Tramadol. The improvement was not quantified and there is no clear evidence that the patient needs continuous use of Tramadol. In addition, a urine drug screen was negative for Tramadol suggestive of non compliance to Tramadol. There is no clear justification for the need for Tramadol. Therefore, the prescription of Tramadol 50mg #180 is not medically necessary and appropriate.