

<b>Case Number:</b>	CM13-0062072		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who injured her lower back on 6/29/2006 after which she developed chronic neck and mid/lower back pain that is intermittent and experienced difficulty sleeping at night due to this pain. During the course of her treatment she was prescribed oral analgesics including opioids, analgesic injections, topical analgesics, proton pump inhibitor, muscle relaxants, massage therapy, and exercise. The worker had been using Tramadol daily for months leading up to the date of 11/6/13 when the worker saw her treating physician, who recorded the worker complaining of her neck, mid back and lumbar pain and prescribed a renewal of her medications, including her Tramadol.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use

with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. In this case, documentation is relatively poor considering what is required for documented review with a patient using chronic opioids. As far as what was seen in the documents provided the treating physician did not make any mention of functional status with Tramadol use and no evidence of a contract was seen. Therefore the Tramadol 50 mg #60 is not medically necessary.