

<b>Case Number:</b>	CM13-0070181		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 North Carolina. 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 59 year old with an initial date of injury noted to be 3/1/2005 per documentation provided. The patient was being treated for neck, arm and back pain. The diagnosis included cervical radiculitis at C6, myofascial pain syndrome, chronic pain syndrome and facet arthropathy at L3-4,L4-5 and L5-S1. Treatments have included acupuncture, epidural steroid injection, medications, trigger point injections, chiropractic care and physical therapy. The most recent progress note dated 10/17/2013, the patient notes subjectively that the pain medications help to decrease his pain temporarily and increase his function and sleep. He still rates his pain a 6-9/10 and other progress notes from the same treating physician notes the patient saying the "pain is out of control". Physical exam from 10/17/13 notes a decreased range of motion in the cervical and lumbar spine in all planes of motion, 4/5 bilateral upper and lower muscle strength limited by pain, trigger points, tenderness along the spine, muscle spasms along the spine, positive facet loading on the right in L4-5 and L5-S1 and intact sensation. The treating physician noted the patient was becoming more aggravated and agitated and overusing his opioid medication. The treating physician's plan was to decrease the overall daily use of Norco and add on tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 mg, #30: 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): 85-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the California MTUS, opioids should be continued in the following situations: (a) If the patient has returned to work (b) If the pain has improved functioning and pain Also according to the California MTUS, opioids should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances (b) Continuing pain with the evidence of intolerable side effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing (g) Immediate discontinuation has been suggested for evidence of illegal activity. Per the progress notes, there has been no objective finding indicating improvement in function. The patient states the medication does help with the pain and improves his function temporarily but also states the pain is a 6-9/10 as well as "out of control". Per the last progress note, the treating physician notes non-compliance with his Norco in the form of increased non-prescribed use. Tramadol, a synthetic opioid, is not indicated as the patient has failed to meet qualifications for ongoing opioid use and has actually shown reasons for discontinuation of opioids. [REDACTED]