

<b>Case Number:</b>	CM13-0072148		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year-old male who reported an injury on 01/09/2011 after carrying a heavy bag of cement which reportedly caused an injury to the patient's low back. The patient's treatment history included physical therapy, multiple medications, epidural steroid injections, and surgical intervention. The patient was evaluated on 11/27/2013 and it was noted that the patient was prescribed Norco 10/325 mg and tramadol 50 mg in addition to the patient's already prescribed Vicodin 5/300 mg. Physical findings included diminished sensation to light touch in L1 on the left dermatomal distribution and tenderness to palpation over the paraspinal musculature overlying the facet joints at S1 with trigger points over the lower paraspinal musculature and restricted range of motion secondary to severe pain. The patient's treatment plan included continuation of medications, prescription and Norco and tramadol, psychology referral, and a physical therapy referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 60 TRAMADOL 50MG BETWEEN 11/27/2013 AND 11/27/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested retrospective request for 60 tramadol 50 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that the initiation of opioids in the management of chronic pain be introduced 1 at a time. The clinical documentation submitted for review did provide evidence that the patient was prescribed both Norco and tramadol for significant pain. The clinical documentation did not clearly identify why 2 different opioid medications were needed when guideline recommendations only support introducing 1 opioid medication at a time to the patient's medication schedule. Additionally, it is noted that the patient does have significant side effects with tramadol usage. The clinical documentation does not provide any indication of how the side effects will be managed. Therefore, the use of this medication is not clearly indicated. Also, the request as it is submitted does not have a frequency of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the retrospective request for 60 tramadol 50 mg is not medically necessary or appropriate.