

<b>Case Number:</b>	CM14-0103332		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/25/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 5, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; opioid therapy; and epidural steroid injection therapy. In a Utilization Review Report dated June 30, 2014, the claims administrator approved a request for gabapentin, partially certified a request for tramadol, and approved a request for Vicodin. The applicant's attorney subsequently appealed. In a Utilization Review Report dated August 8, 2014, the applicant reported persistent complaints of pain. The applicant was given refills of gabapentin, tramadol, and Vicodin. It was stated that the applicant would self-procure these medications and attempt to obtain retrospective approval through the worker's compensation system, it was suggested. The applicant stated that his pain ranged from 8/10 without medications to 3/10 with medications. The attending provider stated that he felt that it was unjust that the claims administrator was denying the medications which were helping the applicant to maintain successful work status, diminish pain, and ameliorate activities of daily living. The attending provider stated that the combination of Vicodin, tramadol, and gabapentin were allowing the applicant to work productively. The claims administrator said that the applicant is using tramadol up to four times a day, gabapentin six times daily, and Vicodin as much as six times daily. In a July 10, 2014 progress note, the applicant was described as using gabapentin, Levoxyl, tramadol, and Vicodin. The applicant stated that lesser amounts and/or dose of pain medications were making it difficult for him to function at work at Grundfos Pumps. The applicant was performing arduous physical work involving prolonged standing, pushing, and using a sand blaster. The applicant reiterated that the pain medications were ameliorating his ability to work and perform other non-work activities of daily living. In an April 17, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant denied any adverse medication effects. The applicant was working in a less strenuous job; it was stated, reportedly with the aid of medications. Tramadol, Vicodin, and Neurontin were refilled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120 with one refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and/or maintained successful return to work status, the attending provider has argued, through the aid of Tramadol and other analgesic and adjuvant medications. The attending provider has also posited that the applicant is deriving appropriate analgesia from ongoing Tramadol usage and that the applicant's ability to sleep, travel, grip, grasp, stand, and perform other activities of daily living have likewise been ameliorated as a result of ongoing Tramadol usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request Tramadol 50mg #120 with one refill is medically necessary and appropriate.