

<b>Case Number:</b>	CM14-0012260		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 37-year-old male who reported an injury on 05/05/2010. The mechanism of injury was a slip and fall. The diagnoses included sacroiliitis and lumbar radiculopathy, disc herniation and facet arthropathy/spondylosis. The previous treatments included medications and surgery. Within the clinical note dated 01/15/2014, it was reported the injured worker complained of pain in the right buttocks/hip region, insomnia, urinary incontinence and dysuria. Upon the physical examination the provider noted the injured worker had persistent pain over the right sacroiliac joint. The injured worker had low right sided paraspinal tenderness to palpation. The provider noted the injured worker's sensation was intact to light touch. The request submitted is for tramadol. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH SUPPLY OF TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for 1 month supply of tramadol is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, dosage and quantity of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.