

<b>Case Number:</b>	CM14-0015621		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 53-year-old female who reported an injury on 05/18/2004. The mechanism of injury was not provided within the submitted medical records. Within the clinical notes dated 01/30/2014 the injured worker reported pain in the low back and bilateral lower extremities. The injured worker stated she was utilizing Tylenol with Codeine No. 4 once a day for severe breakthrough pain and the Tramadol 50 mg 4 times a day for moderate breakthrough pain. The injured worker claimed that this was beneficial and kept her more functionally active when performing daily activities of living. It is further revealed that the injured worker had not sought medical attention at the emergency room in the past 6 months due to controlled pain levels. The progress report further claimed that recent urine drug screenings have been proper with inconsistencies in the past. However, within the recent urine drug screen dated 01/16/2014 further inconsistencies were reported with prescribed opiates not showing up within the drug screen as was expected to appear. The patient rates the pain levels with taking medication at 7/10 and without medication rated 10/10. The medication list included Tramadol 50 mg 4 times a day as needed, Robaxin 500 mg as needed, Tylenol No. 4 once a day. The physical exam revealed tenderness in the middle lumbar spine and spasms noted in the bilateral paralumbar musculature, along with a decreased range of motion in the lumbar spine secondary to pain. Additionally, the lower extremities revealed a straight leg raise that was positive bilaterally and decreased sensation to light touch noted over the distribution of the L5-S1 nerve root. The diagnoses include chronic pain, radiculopathy, depression and anxiety, and right groin pain. The Request for Authorization was dated 01/30/2014 within those submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG. #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Neuropathic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): Page 78..

**Decision rationale:** The request for Tramadol 50 mg #120 is not medically necessary. The California MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had consistent urine drug screens with prescribed medications to validate proper medication adherence in the submitted paperwork. In addition, there was no documentation to show why inconsistencies appeared on the urine drug screen reports and addressed them with the injured worker. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

**TYLENOL NUMBER 4, QTY: #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): Page 78..

**Decision rationale:** The request for Tylenol number 4, qty: #30 is not medically necessary. The California MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had consistent urine drug screens with prescribed medications to validate proper medication adherence in the submitted paperwork. In addition, there was no documentation to show why inconsistencies appeared on the urine drug screen reports and addressed them with the injured worker. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.