

<b>Case Number:</b>	CM14-0018098		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Preventative Medicine, has a subspecialty in Occupational 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 injured worker is a 40 year old male who sustained an injury on 05/06/09 when he fell approximately 15 feet to a concrete surface and sustained fractures in the right leg with continuing complaints of right knee and right ankle pain. Prior treatment included physical therapy and acupuncture. Medications included muscle relaxers, steroids, and topical analgesics for pain. The injured worker had been followed by a treating physician for pain management. Medications included Tramadol, Ketoprofen, Neurontin, Norflex, and topical analgesics including a Medrox patch and Ketoprofen Lidocaine ointment. As of 12/19/13 the prior urinary toxicology results were consistent with Tramadol. The as of 12/19/13 the injured worker reported severe pain without medications that was improved by 40% to 5/10 on visual analog scale (VAS). On physical examination no specific findings of vital signs were noted. The injured worker was recommended to continue with Tramadol due to functional improvement in pain reduction obtained with the medication. Other medications continued included Norflex, Neurontin, Ketoprofen, and topical ointment. Follow up on 01/14/14 again noted that pain was manageable at 5/10 on VAS with medications including Tramadol. The physical examination findings were again limited to vital signs. The injured worker was recommended to continue with Tramadol due to the pain benefits and functional improvement obtained with the medication. The requested urine drug screen and Tramadol 50mg #150 was denied by utilization review on 01/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health system Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 10 & 32.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, UDS.

**Decision rationale:** The injured worker has had previous urine drug screen findings which were all consistent with the use of Tramadol. The clinical documentation submitted for review did not indicate whether the injured worker has had increase in risk factors for narcotics misuse or diversion. No risk stratification reports were available for review. Although urine drug screens can be considered once twice a year for chronic non-malignant pain, without evidence for misuse or diversion further urine drug screen testing at this time would not be supported as medically necessary.

**TRAMADOL 50MG #150:** 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 Page(s): 88-89.

**Decision rationale:** The injured worker obtained at least 40% improvement in regards to pain with improved function with the use of Tramadol. Prior urine drug reports were consistent with Tramadol. Given the objective findings for functional improvement and pain reduction with the use of this medication as well as the lack of any indication for non-compliance or aberrant medication use, this reviewer would have recommended this medication as medically necessary to address chronic moderate to severe musculoskeletal pain. Based on clinical documentation submitted for review and current evidence based guidelines, the request for Tramadol 50mg quantity 150 is medically necessary.