

<b>Case Number:</b>	CM14-0122046		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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 Emergency Medicine, has a subspecialty in Emergency Medical Services, 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 48-year-old who reported an injury on August 28, 2008. The mechanism of injury was not provided. On July 15, 2014 the injured worker presented with complaints of low back pain that radiated to the left leg with pins and needles. Upon examination there was decreased sensation to the lower extremity and tenderness to palpation over the lumbar paraspinal musculature. The diagnoses were lumbar disc degenerative disease, lumbosacral or thoracic radiculitis, sacroiliac strain, myofascial pain, and sensitive to medications. The current medications included tramadol. The provider recommended tramadol APAP 37.5/325 mg, the provider's rationale is not provided. The Request for Authorization form was dated July 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325 mg, sixty count:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not include the frequency of the medication in the request as submitted. Therefore, the request for Tramadol/APAP 37.5/325 mg, sixty count, is not medically necessary or appropriate.