

<b>Case Number:</b>	CM14-0133737		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 male who reported an injury on 06/24/2008. The mechanism of injury was noted to be a truck hitch hit his leg. Prior treatments were noted to be sympathetic blocks and lumbar epidural steroid injections as well as medications. The injured worker had a Primary Treating Physician's Progress Report dated 07/02/2014 with subjective complaints of back pain that he indicated was moderate to severe. In level of severity, the injured worker rated his pain a 6/10. He stated it was worse with activities and improved with rest. He felt that medications were giving him some functional improvement and pain relief. The objective findings included positive tenderness in the paralumbar musculature. There was positive muscle spasming in the paralumbar musculature. There was pain with full flexion and pain on full extension. There was positive tenderness over the peroneal muscles. There was positive swelling, 2+ edema was noted in the right anterior tibia. Treatment plan was to continue chiropractic management and medications, Diclofenac, Omeprazole, and Tramadol. The provider's rationale for the request was noted within the treatment plan of the physician's progress report dated 07/02/2014. A Request for Authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for 07/02/14 Tramadol ER 150mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

**Decision rationale:** The request for retrospective Tramadol ER 150 mg quantity 60 for date of service 07/02/2014 is not medically necessary. The chronic pain medical treatment guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patient's on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes overtime should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not provide an adequate pain assessment. In addition to the lack of pain assessment; the request also lacks a dosage frequency. Therefore, the request for retrospective Tramadol ER 150 mg quantity 60 for date of service 07/02/2014 is not medically necessary.