

<b>Case Number:</b>	CM14-0138228		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for tramadol-acetaminophen and partially certified a request for 12 sessions of physical therapy as 10 sessions of the same. The applicant's attorney subsequently appealed, on August 25, 2014. In a Medical-Legal Evaluation dated November 23, 2011, the applicant reported persistent complaints of back, head, shoulder, and mid back pain, 6/10. It was acknowledged that the applicant had not worked since the date of injury. It was stated that the applicant reached retirement age and had no intention of returning to work. In a progress note dated August 11, 2014, the applicant reported constant neck and low back pain, aggravated by prolonged standing and walking, it was stated. The applicant was "not participating in any current activities," the attending provider further noted. Multifocal paraspinal tenderness was noted. The applicant was reportedly using tramadol. A 12-session course of physical therapy was endorsed, along with a refill of tramadol-acetaminophen. The applicant was asked to continue his "permanent disability status." In an earlier note dated October 23, 2013, the applicant was given prescriptions for Norco and acupuncture. The applicant was described as using Aleve, meloxicam, and zolpidem at that point in time. In a February 6, 2014 progress note, the applicant apparently was described as having completed several sessions of acupuncture. The applicant's medications list was not furnished on this occasion. In an earlier note dated July 30, 2014, the applicant was again given prescription for tramadol-acetaminophen. Physical therapy was ordered. The applicant was

described as reporting worsening neck and back pain. Tramadol was listed as one of the applicant's current medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol/APAP 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** The request represents a renewal request for tramadol-acetaminophen-a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is seemingly off of work. The progress notes of July and August 2014 suggest that the applicant is reporting heightened pain complaints as opposed to reduced pain complaints, despite ongoing usage of tramadol-acetaminophen. The attending provider has, furthermore, suggested that the applicant's ability to perform activities of daily living as basic as standing and walking are still constrained, despite ongoing usage of tramadol-acetaminophen. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.