

<b>Case Number:</b>	CM14-0138541		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

61y/o female injured worker with date of injury 12/20/06 with related neck and low back pain. Per progress report dated 7/21/14, the injured worker complained of neck pain, low back pain, and neuropathic radicular symptoms in the upper extremities. Per physical exam, diffuse bilateral tenderness was noted about the trapezius and infrascapular musculature. There was decreased range of motion in the cervical and lumbar spine. Treatment to date has included injections, physical therapy, acupuncture, and medication management. The date of UR decision was 8/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 300mg #30 with two (2) refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains 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. These domains have been summarized as the '4 (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors)The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation to support the medical necessity of Tramadol. Per progress report dated 7/21/14, it was noted that pain without medications was 9/10, with medications it was reduced to 3/10. Functional improvement was documented with regard to family/home responsibilities, recreational activities, self care, and sleep quality. It was noted that the injured worker had a signed opiate agreement, and that urine toxicology screens have been appropriate. I respectfully disagree with the UR physician's assertion that the documentation did not contain this information. The request is medically necessary.