

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0149923 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 05/26/2010 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 08/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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 low back pain reportedly associated with an industrial injury of May 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; epidural steroid injection therapy; psychotropic medications; and apparent participation in a HELP Functional Restoration Program. In a Utilization Review Report dated August 26, 2014, the claims administrator failed to approve a request for Tramadol. In a February 26, 2014 progress note, the attending provider advocated for pursuit of a HELP Functional Restoration Program. The applicant was using Cymbalta and Motrin, it was acknowledged, at that point in time. In an August 29, 2014 office visit, the applicant presented with ongoing complaints of low back pain, 8/10. The applicant did have issues with diabetes and obesity. It was stated that the applicant had previously used Limbrel, Flector, Cymbalta, Norco, and Motrin. The applicant's current medication list included Insulin, metformin, Zocor, Glipizide, Hydrochlorothiazide, Enalapril, Cymbalta, and Motrin. It was acknowledged that the applicant was now receiving both Workers' Compensation indemnity benefits and [REDACTED] benefits at this point in time. In an August 18, 2014 letter, the attending provider sought authorization for Cymbalta, Motrin, tramadol, and Flector. It was not clearly stated whether the request for tramadol was a first-time request or a renewal request. On September 3, 2014, it was acknowledged that the applicant was using a variety of medications, including insulin, Zocor, Glipizide, hydrochlorothiazide, Enalapril, Cymbalta, Motrin, Tramadol, and Flector. In a report dated September 3, 2014, it was stated that the applicant was currently not working. It was stated, however, that the applicant had had an appropriate response to a therapeutic medication trial of tramadol. It was stated that the applicant's ability to lift and carry was significantly

improved. The applicant was able to conditionally lift articles weighing up to 50 pounds following participation in the chronic pain program, it was stated. The attending provider stated that Tramadol has served the applicant well and was facilitating the applicant's ability to perform household chores, home exercises, attend a gym, and do lifting, in addition to reducing pain complaints.

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

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

**Tramadol 50 mg #60 for lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, opioids for chronic pain

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, 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, while the applicant has failed to return to work, the applicant is seemingly demonstrating an appropriate reduction in pain scores with ongoing tramadol usage and has, furthermore, stated that his ability to exercise, lift, carry, push, pull, etc., have all been ameliorated with ongoing tramadol consumption. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.