

<b>Case Number:</b>	CM14-0154024		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

This is a 65-year-old male with a 1/28/09 date of injury. The mechanism of injury occurred when he fell off a ladder and tried to hold onto a piece of wood with both hands and stretched the arms. According to a progress report dated 8/18/14, the patient reported that his lower back pain was greater than his neck pain but overall the pain was stable compared to last month. He stated that his pain level was a 3-4/10 with medications and 7-9/10 without medications. He reported that the benefit of chronic pain medications, activity restrictions, and rest kept his pain within a manageable level to allow him to complete necessary activities of daily living. Objective findings: tenderness with palpation in the bilateral lumbar spine, restricted lumbar range of motion, SLR positive bilaterally, sensory examination normal. Diagnostic impression: lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, SI joint dysfunction, cervical degenerative disc disease, cervical radiculopathy, bilateral upper extremity paresthesias, myofascial pain. Treatment to date included medication management, activity modification, and surgery. A UR decision dated 9/5/14 modified this request for tramadol 50mg #60 refills 1 to allow the patient this one refill for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 refills 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, half a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a recent urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 50mg #60 refills 2 is not medically necessary.