

<b>Case Number:</b>	CM14-0158021		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Pain Management 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 injured worker is a 51-year-old male with a date of injury on April 10, 2006. On June 18, 2014, the injured worker complained of worsening overall pain in his back. The physical examination revealed lumbar spine tenderness with moderate pain and range of motion. His medications included gabapentin eight times a day, carisoprodol four times a day, tizanidine six times a day, and tramadol 50 mg six times a day. In his follow-up visit on July 18, 2014, he complained of moderate to severe pain. He reported pain level of 10/10 without medications that was decreased in intensity with medications. Without medications, the injured worker stayed at home all day and was able to get out of bed but does not get dressed. On the other hand, with medications, the injured worker was able to do simple chores around the house and had minimal activities outside of the house two days a week. A physical examination of the spine revealed tenderness over the cervical, thoracic and lumbar spine. Moreover, mild pain was noted with ranges of motion of the cervical and thoracic spine. Range of motion of the lumbar spine was mildly reduced. He returned on August 19, 2014 with fluctuating moderate to severe back pain that radiated to his thigh, ankles, calves, and feet. He reported that his symptoms were relieved by pain medications and that he had not experienced any side effects or overdose event. He also did not demonstrate any evidence of current substance use disorder. The injured worker reported that a pain score of 9/10 was reduced to 7/10 with medications. Moreover, with his medications, he was able to work or volunteer limited hours and take part in limited social activities on weekends. The musculoskeletal examination revealed spasms over the right upper trapezius with active trigger points. Spasms were also noted over the lumbar area and paraspinals bilateral on either side of his incision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #180, 1 tab every 4-6 hours as needed for the purpose of weaning with a reduction of MED by 10-20% over a period of 2-3 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for chronic pain.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors are relevant for ongoing monitoring of chronic pain injured workers on opioids. Progress reports demonstrated positive effects of opioid therapy in terms of optimal relief and improved functionality. Without the medication, the injured worker is basically homebound and physically incapable to perform any tasks. However, with his medication, he has improved quality of life as evidence by increased tolerance to perform his activities of daily living and take part in some social activities. Moreover, the injured worker did not demonstrate potential risks for aberrant behavior and adverse events. Therefore, with all these in consideration, treatment with tramadol is reasonably indicated, given the evidence of satisfactory response. The decision for tramadol is reversed as it appears medically necessary based on the guidelines and on the reviewed medical records. Evidence of improved pain and functioning as a result of taking tramadol has been provided and, therefore, warrants continued use.