

<b>Case Number:</b>	CM14-0159880		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32 year old with an injury date on 9/3/13. The patient complains of constant, severe low lumbar pain which lasted for 2 hours, and aggravated by lifting and rated 7/10 per 9/3/13 report. The patient was injured at 9am on the day of the same 9/3/13 report. Based on the 9/3/13 progress report provided by [REDACTED] the diagnoses are sprain/strain lumbar and muscle spasm back. Exam on 9/3/13 showed "Lumbar spine range of motion is full. Straight leg raise is negative. Tenderness to palpation of thoracolumbar spine and paravertebrals, and spasms." The patient's treatment history includes back x-rays, but no known current medications. [REDACTED] is requesting Tramadol ER 150mg #60. The utilization review determination being challenged is dated 9/18/14 and modifies request to "a reduction of med by 10-20% per week over a weaning period of 2-3 months" as evaluation did not establish that the patient is experiencing moderate to severe pain, and long-term usage of opiates is not indicated. The utilization review assumes the patient is currently taking Tramadol, and that this request is for a refill, but does not reference a documented progress report stating the patient is taking Tramadol. [REDACTED] is the requesting provider, and he provided a treatment report from 9/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for Chronic Pain Page(s): 88-89, 78; 60.

**Decision rationale:** This patient presents with lower back pain. The provider has asked for Tramadol ER 150mg #60. The patient has "no known current medication" as he was injured on the same day as the 9/3/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient is not currently taking any medications and has no known history of taking Tramadol or any other opioid. Regarding medications for chronic pain, MTUS page 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. A trial of the requested Tramadol ER 150mg #60 appears reasonable for patient's acute pain from recent injury. Therefore, this request is medically necessary.