

<b>Case Number:</b>	CM14-0169733		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 March 31, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar laminectomy surgery; status post spinal cord stimulator implantation; and adjuvant medications. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for tramadol. The applicant's attorney subsequently appealed. In a progress note dated October 9, 2014, the applicant reported ongoing complaints of low back pain radiating to bilateral legs. The applicant reportedly fell in his shower secondary to leg weakness, it was acknowledged. The applicant's medications included methadone twice daily, tramadol twice daily, Lidoderm, Valium, and Neurontin. 6/10 pain was reported. The applicant could not walk on his toes and heels. Spinal cord stimulator was providing only incomplete analgesia, it was acknowledged. Multiple medications were renewed, including methadone, tramadol, Lidoderm, Valium, and Neurontin. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG 1 PO BID #60.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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, however, the applicant does not appear to be working. The attending provider did not outline the applicant's work status on the sole progress note provided. The attending provider has, furthermore, failed to outline any quantifiable documents in pain and/or material improvements in function achieved as a result of ongoing opioid usage, including ongoing tramadol usage. The fact that the applicant is reporting incomplete analgesia with medications and is having difficulty performing activities of daily living as basic as standing and walking, however, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.