

<b>Case Number:</b>	CM14-0173854		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Anesthesiology, has a subspecialty 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:

A 37y/o male injured worker has a date of injury 3/27/14 with related low back pain. Per progress report dated 7/18/14, the injured worker complained of pain in the lower back with radiation to the right leg. The pain was associated with numbness, tingling, and weakness in the right leg. He rated his pain 7/10 in intensity. He described the pain as dull, aching, shooting, and burning. Per physical exam, there was tenderness to palpation over the bilateral lumbar paraspinal muscles with spasm. There was right sciatic notch tenderness. Straight leg raising test was positive on the right. There was diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Treatment to date has included physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 9/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 150mg ER, days supply 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation indicates that 8/21/14 UDS report did not detect prescribed medications including tramadol, naproxen, and Prilosec. As MTUS recommends discontinuing opioids if there is no overall improvement in function, and the injured worker has not demonstrated safe usage per UDS, medical necessity cannot be affirmed.