

<b>Case Number:</b>	CM14-0176757		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 27 year old with an injury date on 12/3/10. Patient complains of low lumbar pain rated 8/10 without medications per 9/19/14 report. Patient states that his medications have become less effective, and is causing side effects, especially nausea per 9/19/14 report. Based on the 9/19/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar Spondylosis 2. Spinal/Lumbar Degenerative Disc Disease 3. Lower Back Pain Exam on 9/19/14 showed "L-spine range of motion restriction with extension limited to 10 degrees. Straight leg raise is negative." Patient's treatment history includes TENS unit, physical therapy, medications, 2 laminectomies. [REDACTED] is requesting tramadol HCL 50mg tablet, take 1 tab twice daily as needed #60 tabs 1 month supply with no refills for the management of symptoms related to the lumbar area (unspecified if dispensed or undisposed). The utilization review determination being challenged is dated 10/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/19/14 to 10/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50 MG Tablet, take 1 Tab Twice Daily As Needed #60 Tabs 1 Month Supply with No Refills for The Management of Symptoms Related To The Lumbar Area (Unspecified if Dispensed or Undispensed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with lower back pain. The provider has asked for Tramadol HCL 50mg tablet on 9/19/14. Patient has been taking Tramadol since 3/19/14. 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 4As (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 provider indicates a decrease in pain with Tramadol, stating "Tramadol provided better pain management" per 9/19/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, this request is not medically necessary.