

<b>Case Number:</b>	CM14-0177079		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in New York. 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:

This injured worker is a 49-year-old male with a reported date of injury of 12/09/2013. The mechanism of injury was repetitive bending and stooping. His diagnoses included lumbosacral strain with aggravation of multilevel lumbar stenosis and severe osteoarthritis of both hips. His past treatments include medications, therapy, and injections. On 06/11/2014 he complained of low back, bilateral and thigh pain, and numbness and weakness of the legs. The physical examination showed there was decreased lumbar range of motion due to back pain. The straight leg raise test was positive. His medications included Norco, Tramadol, Anaprox, Protonix, Terocin patches, Gab/Tramadol cream and Ketofen Mild cream. The treatment plan was to continue medications, chiropractic treatment, physical therapy, and lumbar epidural steroid injections. The request is for tramadol/APAP 37.5/325 mg #60. The Request for Authorization form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol/APAP 37.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia.

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

**Decision rationale:** The injured worker complained of low back pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing use of opioid medications. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the patient's use of tramadol. Therefore, it cannot be determined that the patient would benefit significantly from the ongoing use of this medication. The medical records provided a recent urine drug screen to monitor for appropriate medication use dated 07/17/2014 and it showed inconsistent results under the prescribed medication not detected and inconsistent results in that there was a medication detected that was not prescribed. As submitted, the request failed to address the frequency of the medication. As such, the request for tramadol/APAP 37.5/325 mg #60 is not medically necessary.