MAXIMUS Federal Services

| Case Number: | CM14-0027635 | | |
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| Date Assigned: | 06/13/2014 | Date of Injury: | 04/23/1993 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

## 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 40-year-old female with an injury date of 04/23/93. Based on the 01/30/14 progress report provided by the provider, the patient complains of muscle spasms, which she describes as tight spastic and cramping particularly to the low back affecting both legs, left greater than right. She has discomfort surrounding the buttocks and posterior thigh. The patient's diagnoses include low back pain with myofascial component, left L5 radiculopathy improved status post epidural steroid injection performed on 09/05/13, L4-L5 disc bulge with annular tear, positive for discogenic painsyndrome, and L5-S1 disc with dissolved extruded disc fragment but severe degeneration and reduced disc height. The provider is requesting for a pharmacy purchase of Tramadol 200mg #30. The utilization review determination being challenged is dated 02/14/14. The provider is the requesting provider, and he provided treatment reports from 01/15/13- 05/27/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF TRAMADOL 200MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids, On-Going Management Page(s): 60-61, 98-99, and 78.

**Decision rationale:** According to the 01/30/14 report by the provider, the patient presents with muscle spasms, which she describes as tight spastic and cramping particularly to the low back affecting both legs, left greater than right. The request is for Tramadol 200mg #30. A review of the reports show the patient has been taking Tramadol since the first progress report provided (01/15/13). The 01/30/14 report states that "Most recently, the medications continue to be beneficial. The patient feels the medications have allowed her to perform her routine activities of daily living and self-care needs." However, there were no pain scales or activities of daily living (ADLs) mentioned specific to Tramadol. For long-term use of opiates, the MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every six months to document function. The MTUS guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treating physician only has a general statement that medications are beneficial. This documentation is inadequate, no numerical scales are provided, and no specifics are provided regarding functional changes. As such, the recommendation is for denial.