

<b>Case Number:</b>	CM14-0028039		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male who had a work injury dated 6/9/11. He reports that while at work in a warehouse on this date a forklift hit him on the mid back and right side of the body. The diagnoses include rib fracture and thoracic sprain/strain, inguinal hernia, intercostal neuralgia, T9, T10, T11 and T12 levels on the right side; thoracic facet arthropathy T9 to T12 more on the right side. Under consideration is a request for the medical necessity of Tramadol HCL Capsule 150mg extended release, 30 day supply, quantity 60. A thoracic CT scan dated 2/29/12 shows no disc herniation or spinal canal stenosis. There is a 2/28/14 secondary physician follow up report which states that the patient has complaints of a chronic pain in the right chest region. He is status post rib fracture on the right side. His condition is well controlled with conservative treatment including patches. The document states that on physical examination, the patient is alert and oriented x3; there are no signs of sedation. There will be an appeal to the utilization review denial of medications. The document states that the patient's current condition has been precipitated by occupational injury and therefore medications must be provided on industrial basis. They are causing no side effects, increasing the patient's range of motion and functional capacity status significantly. The patient was provided with a prescription for the Tramadol ER 100 mg, Anaprox 550 mg twice a day and Prilosec 20 mg twice a day. A 5/7/14 pain management consultation revealed that the patient reports that in spite of the therapy his pain is at a level of 6-7 (10 going to 8/10 when exacerbated by prolonged sitting, standing or twisting. The pain is constant throbbing and deep. Medications decrease the pain temporarily. He has difficulty sitting, walking for an extended period. The pain disrupts his sleep. He has had some partial relief with previous physical therapy and chiropractic care which he has been receiving for almost two years. Acupuncture helps very little. His medications include Naproxen, Prilosec and Tramadol and he uses some patches. On exam the deep tendon reflexes are 2+ in the upper extremities bilaterally. The patient ambulates on heels and toes without assistance. There is no evidence of length

discrepancies. Sensation is normal. The cervical range of motion is within normal limits. The thoracic-lumbar spine range of motion is limited mostly because of the pain in the right side of the rib cage. There is pain on the facets of T9 to T12 on the right side. There is pain on the ribs at the level of T9, T10, T11 and mild on T12. There is exquisite pain on the mid clavicular line anteriorly and some pain on the anterior axillary line area at the same levels. Pain is exacerbated by twisting mostly to the right; lateral bending to the right also elicits 2+ pain. Lumbar range of motion is again decreased but mostly because of the pain. There is pain on palpation of the lumbar spine over the facets. There is no muscle spasm in that area. Straight leg raise is negative. Lasegue's is negative. Patrick/Fabere's is negative. DTR's are 2+.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL HCL CAPSULE 150 MG EXTENDED RELEASE 30 DAYS SUPPLY QUANTITY 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

**Decision rationale:** Tramadol HCL Capsule 150mg extended release, 30 day supply, quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted reveals that the patient has been taking Tramadol since March of 2013. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore Tramadol is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function or pain. The request for Tramadol HCL Capsule 150 mg extended release 30 day supply quantity 60 is not medically necessary.