

<b>Case Number:</b>	CM14-0029473		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Occupational Medicine 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:

This is a 47-year-old male who sustained injury on 04/17/2006. The mechanism of injury was not reviewed. The treatment history includes home exercise program, acupuncture, and medications including Norco, Tramadol ER, and Prilosec. A progress report dated 05/16/2013, 07/25/2013, and 09/19/2013 indicates the patient presented for a follow-up regarding ongoing neck, mid, and lower back pain which he rated as 6-7/10 on the pain scale. His current medications include Norco up to 5 times a day, Tramadol ER 150 mg one a day, and Prilosec once a day. A progress report dated 11/14/2013 indicates the patient presented today for a follow up regarding ongoing neck, mid and lower back pain, which he rated as 6-7/10 on the pain scale. He has been stable with persistent pain complaints. He does have some limitations with his activities due to his pain complaints. His current medications include Norco up to 5 times a day, Tramadol ER 150 mg one a day, and Prilosec once a day. He states that medications help decrease his pain and allow him to function. The patient has never tried Medrox patches, but wants to try these. On physical exam, he does have some limitations with his activities. He has diffuse tenderness to palpation of the cervical and lumbar spine. She has decreased sensation to the right C5 and C6 dermatomes. Decreased sensation to the left L3-S1 dermatomes. Motor exam was 4+/5 for left deltoid, biceps, internal and external rotators, 5-/5 for right deltoid, biceps, internal and external rotators, 4+/5 for bilateral wrist extensors and flexors, and 4+/5 for left tibialis anterior, EHL, inversion and eversion, 4+/5 for left psoas and quadriceps. Treatment plan was a nutritional consultation, continue HEP, weight loss program, and prescribed Norco 10/325 mg #225, Prilosec #60, and Medrox patches. Other request included Hydrocodone/APAP 10/325 mg, Omeprazole 20 mg, and additional acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state it is appropriate to continue the use of opioids if "The patient has returned to work and if the patient has improved functioning and pain". The provider has documented improved functioning and pain. 'He states that medications help decrease his pain and allow him to function.' Thus, this medication is within the above guideline and medically necessary.