

<b>Case Number:</b>	CM14-0029896		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/25/2000
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 57 year old male who sustained an injury on 11/25/00 when he lost his balance on a concrete stairway hyperextending the right great toe and twisting the right ankle. Prior treatment has included physical therapy that has continued through April of 2014. Medications were noted to include Tramadol 50 mg and Norco 5/325 mg as well as Toradol 10 mg. The clinical report on 02/07/14 noted that the injured worker continued to have complaints of low back pain 7/10 on the VAS. The injured worker did report benefits obtained with the use of Tramadol in regards to pain as well as sleep. The injured worker was utilizing Tramadol at a rate of every 6 hours as needed for pain. The injured worker was also utilizing two different Hydrocodone tablets, one at 5 mg and the other at 10 mg taken every 4-6 hours as needed for pain. On physical examination there was evidence of reduced range of motion in the lumbar spine. The injured worker ambulated with a mild antalgic gait. There was no spasm present; however, there was tenderness to palpation in the lumbar paraspinal musculature. Prior radiographs of the lumbar spine were noted to show a 6 mm anterolisthesis of L4 on L5. MRI studies of the lumbar spine also noted degenerative disc disease at multiple levels. The injured worker is noted to have had multiple procedures for the left hip to include left hip arthroplasty followed by revision procedures, then right hip arthroplasty completed in November 2011. Follow up on 03/01/14 indicated that the injured worker was only utilizing Norco at 2 tablets per day and was taking Tramadol only at night. The injured worker was utilizing Tramadol at a rate of 30 per month and Norco at 60 tablets per month. This was reported to have managed the injured worker's pain well. Physical examination noted continuing limited range of motion of the lumbar spine. There was also limited range of motion noted of the bilateral hips. The requested Tramadol 50 mg quantity 360 was denied by utilization review on 02/24/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg QTY:360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, Criteria Page(s): 88-89.

**Decision rationale:** Based on the clinical information provided, the request for Tramadol 50 mg qty 360, this reviewer would not have recommended this medication as medically necessary. Per the March 2014 clinical report, the injured worker was utilizing Tramadol at a rate of one per day at night. With the use of Tramadol at night in combination with Norco, the injured worker did have good control of his ongoing chronic pain. Given the updated information regarding the rate of use of Tramadol, it is unclear why 360 tablets of this medication were recommended. Chronic Pain Medical Treatment Guidelines recommend that there be ongoing assessments regarding functional benefits obtained with the use of analgesic medications such as Tramadol. The requested quantity of 360 tablets would be approximately one year's worth of medication. Given that guidelines do recommend ongoing assessments to establish the efficacy of analgesics such as Tramadol, the requested medication for one year's worth of tablets would not be supported as medically necessary per guidelines.