

<b>Case Number:</b>	CM14-0034300		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/15/2001
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 54-year-old female who has a date of injury on June 15, 2001. Her diagnoses are as follows: lumbar-sacral strain/sprain, L5-S1 disk herniation status-post surgery (date not documented) with radiculitis, and mechanical back pain. She presented with a complaint of a flare of her lumbar back pain with some radiation into her leg and asked that her medications be filled. The physician requested authorization for Gabapentin, Soma, Naprosyn, and Tramadol 50 mg #270. No history is available on the duration of her back pain flare, what medications she has tried, what has worked in the past and what has not. It is unclear if she has tried Tramadol and if so what her usage has been. It is also not known if she has taken other opiates and whether she has any history of drug abuse. Labs were drawn and came back positive for Soma, Meprobamate, and Tylenol. No lab was drawn for the Gabapentin, Tramadol and other opiates were not detected. Of interest, the lab showed Methamphetamine with a value of 7156 ng/ml (normalized result 5148 ng/ml). Her date of injury was June 15, 2001. The mechanism of injury was not stated. She has a modified work schedule that includes no stooping, no prolonged sitting, standing or walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 20mg #90, as prescribed on 02/21/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** There is inadequate documentation supporting a need for tramadol for this patient. On page 82, opioids for neuropathic pain are not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; & (3) treatment of neuropathic cancer pain. None of this information was available for this patient. As stated above the Methamphetamine lab was positive. Is this a lab error? Does this patient abuse drugs? Clearly, this should be clarified. For these reasons the request for Tramadol 50 mg, #270 is not medically necessary.