

<b>Case Number:</b>	CM14-0036767		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 31-year-old male injured on 10/21/10 due to undisclosed mechanism of injury. Current diagnoses included left sided L5-S1 disc protrusion with radiculopathy. Clinical note dated 03/03/14 indicated the injured worker presented complaining of pain to neck and back pain radiating to bilateral lower extremities, left greater than right worsening with activities, bending, and twisting. Physical examination revealed left paraspinal tenderness of the lumbar spine, left sciatic notch tenderness, and straight leg raise test mildly positive on the left causing back pain bilaterally. Treatment plan included refill of tramadol, referral for evaluation by internist for continued abdominal pain, and main permanent and stationary per agreed medical examiner. The initial request for tramadol and referral to internist for abdominal pain was non-certified on 03/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids for chronic pain Page(s): 113, 93-94; 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The request failed to provide a dosage, amount, frequency, and number of refills. As such, the medical necessity of this medication cannot be established at this time.

**Referral to Internist for Abdominal Pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (text, page 127), Chapter 7: Independent Medical Examinations and Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines- online version Low back complaints, Consultation.

**Decision rationale:** Based on review of the medical records provided, there is no discussion in the documentation regarding the presence of abdominal pain or abnormal objective findings warranting specialty consultation. As such, the request for referral to internist for abdominal pain cannot be recommended as medically necessary at this time.