

<b>Case Number:</b>	CM14-0039002		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/19/2004
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Interventional Spine 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:

The patient is a 60-year-old male with date of injury of 06/19/2004. The listed diagnoses per the treating physician from 01/07/2014 are:1. Cervical disk syndrome.2. Lumbar disk syndrome.3. Bilateral upper and lower extremity radiculitis.4. Headache, referred to internal medicine specialist. According to this report, the patient presents with complaints of neck pain rated 7/10 with numbness and tingling in the bilateral upper extremities and low back pain rated 3/10 with numbness and tingling in the left lower extremity. The patient notes that he had an MRI of the cervical and lumbar spine three years ago and received three epidural steroid injections. His current medications include Flexeril, nabumetone, and tramadol. He is also utilizing topical creams. There is tenderness and spasm in the cervical paraspinal musculature bilaterally. Spasms are also produced upon left rotation and left lateral flexion. There is tenderness and spasm to the lumbar paraspinal musculatures bilaterally and active lumbar range of motion produced localized pain. Straight leg raise test on supine position is negative bilaterally. The documents include computerized range of motions from 09/17/2013 and 10/29/2013, and progress reports from 09/17/2013 to 01/07/2014. The utilization review denied the request on 02/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 mg #30 to Permit Weaning over 3 Months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 76, 78-81, 89, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; On-Going Management Page(s): 88-89,78.

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting Tramadol ER. For chronic opiate use, the MTUS guidelines pages 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also required documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 09/17/2013. The 10/29/2013 report shows that the patient continues to complain of neck pain at a rate of 7/10 to 8/10 and low back pain at a rate of 4/10 to 5/10. He reports cramps on the feet and numbness in the bilateral hands. The patient notes radiculitis in the bilateral upper and lower extremities, left greater than the right. The patient has received 3 epidural steroid injections in the cervical spine which provided temporary relief for 2 to 3 weeks. The 12/03/2013 report shows the patient continues to complain of neck pain at a rate of 8/10 and low back pain at a rate of 8/10. The patient received 1 epidural steroid injection to the cervical spine. There is tenderness to palpation and hypertonicity noted over the bilateral scalene, trapezius, and rhomboid muscles. Active range of motion in the cervical spine is limited due to pain. Foraminal compression test is positive bilaterally. The treater has provided a pain scale to denote patient's current pain; however, no before and after pain scales are provided to show analgesia; no specific ADL's are discussed. No discussion of side effects and aberrant drug-seeking behavior such as a urine drug screen or CURES report. However, the request is for weaning over 3 months and given that the patient is currently working full time, the request is reasonable. This request is medically necessary and appropriate.