

<b>Case Number:</b>	CM14-0039050		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 injured worker is a 60-year-old female who reported an injury on 12/10/2002 due to an unknown mechanism. The injured worker has been diagnosed with major depressive disorder, insomnia type sleep disorder due to pain, pain disorder, lumbar disc herniations at L4-L5 and L5-S1, lumbosacral strain with left radiculopathy and right elbow tendinitis. The injured worker's medications were for Lyrica 75 mg and tramadol 100 mg. The prior treatments include medication as well as psychological treatment. The injured worker complained of ongoing low back pain with increasing numbness to her entire left calf and foot. On physical examination dated 02/20/2014, there was tenderness to the thoracic spine and positive paraspinal on both left and right. The treatment plan was to request physical therapy for the injured worker and the request for Tramadol ER 100 mg #60 with 2 refills. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the documentation of pain relief, functional status, appropriate medication use, and side effects to support continuation of opioids. The guidelines also recommend that the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker complained of ongoing lower back pain with increasing numbness into her entire left calf and foot. Documentation indicates the patient takes Tramadol to help alleviate her pain and has taken up to 6 a day. She continues to do home exercise, yet her pain persists. The documentation did not provide the length of time that the injured worker has been utilizing the medication. There was lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document a complete and adequate pain assessment. There is lack of documentation as to the efficacy of the medication. Additionally, the use of a urine drug screen was not provided. The frequency of the medication was not indicated on the proposed request. As such, the request for Tramadol ER 100mg #60 with 2 refills is not medically necessary.