

<b>Case Number:</b>	CM14-0039940		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational Medicine 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:

This is a 62-year-old male with a 9/29/10 date of injury. Regarding the mechanism of injury, the patient stated that he stepped out of a truck, took a step with his left leg and felt a sharp pain in his lower back and left leg. According to a 3/14/14 progress note, the patient complained of low back pain rated as 7-8/10 on a pain scale of 0-10. He stated that his back pain is fairly constant, characterized as a "dull ache" that elevates to a "burning" pain, and "sharp pains" shooting into his left leg, down to the foot. He stated that he gets his most notable pain with any type of bend or stoop, has difficulty rising from a seated position and continues to have difficulty walking and on occasions experiences left leg buckling. Objective findings: moderate tenderness in the lumbar musculature with muscle spasms palpable, lumbar range of motion is decreased, difficulty with heel/toe walk, Faber's test positive on the left, upper and lower deep tendon reflexes were +2 bilaterally, no sensory deficits identified with pinprick or light touch. Diagnostic impression: lumbar strain/sprain superimposed on pre-existing bilateral moderate to severe foraminal stenosis, lumbar radiculitis with right ankle clonus, situational anxiety/depression. Treatment to date: medication management, activity modification. A UR decision dated 3/5/14 denied the request for Tramadol. Visual analog scale (VAS) pain levels were not documented, response to the current medication regimen was not documented, and monitoring for medication side effects or aberrant medication behavior was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 50 mg #90 is not medically necessary.