

<b>Case Number:</b>	CM14-0043646		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant's original date of injury was 11/10/2010. Treatment has included left L5 hemilaminectomy and foraminitomy. The claimant is diganosed with lumbar post laminectomy syndrome, spinal stenosis and depression. Current treatment includes Theratramadol for pain. The request is for ongoing treatment with Theratramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS X 1 THERATRAMADOL #60 DISPENSED 01-07-2014:** Upheld

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

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as the tramadol component of Theratramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, and documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid

medication or of documenting any functional improvement. It does not address the efficacy of medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Theratramadol. The request is not medically necessary.