

<b>Case Number:</b>	CM14-0044223		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/08/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 53 year old male who reported an injury on 01/08/2006 due to an unknown mechanism. The injured worker complained of pain rated a 7/10. On 03/02/2014 the physical examination revealed tenderness to palpation of the lumbar spine. His lumbar spine flexion was decreased to 40 degrees, extension at 0 degrees, lateral bending on the right and left at 10 degrees. There was no atrophy of the lower extremities. There were no diagnostic tests submitted for review. The injured had a diagnoses of sciatica (neuralgia or neuritis of sciatic nerve), and displacement of lumbar inter V. Documentation of the past treatment was not provided. The injured worker was on the following medications flexeril 10mg, Norco 10/325mg, Lexapro, tramadol 50mg, and abilify 5mg. The current request is for tramadol 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** The injured worker has a history of pain in the lumbar spine. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation stated that the injured worker's pain was a 7/10. However, there was lack of documentation of the 4 A's for the ongoing monitoring use of opioids. Also, documentation of the least reported pain over the period since last assessment, intensity of pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition, there is no documentation of frequency and duration for the proposed medication. Therefore, the request for Tramadol 50mg #90 is not medically necessary.