

<b>Case Number:</b>	CM14-0049931		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/27/2001
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 73 year old male who reported an injury on 12/27/2001 with an unknown mechanism of injury. The injured worker was diagnosed with spinal/ lumbar degenerative disc disease and lumbar radiculopathy. The injured worker was treated with medications and surgery. The medical records did not indicate diagnostic studies. The injured worker had knee surgery; date not provided. On the clinical note dated 03/12/2014, the injured worker complained of lower backache and poor sleep quality. The injured worker had restricted lumbar range of motion, normal motor strength, and sensory was patchy in distribution. The injured worker was prescribed tramadol 50mg three times daily as needed. The treatment plan was for tramadol 50mg. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 04/01/2014.

### 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 Opioid, criteria for use Page(s): 78.

**Decision rationale:** The request for Tramadol 50mg #90 is not medically necessary. The injured worker is diagnosed with spinal/ lumbar degenerative disc disease and lumbar radiculopathy. The injured worker complains of lower backache and poor sleep quality. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's medical records lack documentation of a pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not include a recent urine drug screen or side effects. The injured worker has been prescribed Tramadol 50mg since at least 07/03/2013. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request does not indicate the frequency of the medication. As such, the request for Tramadol 50mg #90 is not medically necessary.