

<b>Case Number:</b>	CM14-0059079		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/06/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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, 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 36-year-old male who reported injury on 05/06/2004. The diagnoses included anxiety state not otherwise specified. His medication history included opiates as of 2010. His surgical history was noted to include a lumbar surgery. He underwent epidural steroid injections, an MRI of the lumbar spine and x-rays of the lumbar spine. He was noted to undergo urine drug screens. The documentation of 04/01/2014 revealed he had low back pain and had associated symptoms of numbness and tingling in the right lower extremity. He also has stiffness of the low back and spasms. The documentation indicated the injured worker was taking Ibuprofen 800 mg twice a day and reported a 50% decrease in pain and there were no adverse side effects. He was noted to be taking Norco 10 mg 1 four times a day. He indicated that he had an 85% decrease in pain. There were no adverse side effects. The injured worker indicated he would like to try a weaker oral opioid in an attempt to wean off pain medications. The physical examination revealed the injured worker had tenderness over the paraspinal muscles overlying the facet joints on the bilateral sides and had a positive slump test on the right. The diagnoses included degeneration of intervertebral disc, displacement of intervertebral disc without myelopathy, chronic pain syndrome, depressive disorder, psychalgia, and anxiety state. The treatment plan included Tramadol 50 mg 1 every 6 hours for 30 days with quantity 120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated he had 85% decrease of pain with opioid therapy. He denied adverse side effects and was noted to be monitored through urine drug screens for aberrant drug behavior. However, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Tramadol 50 mg #120 with 2 refills is not medically necessary. Additionally, the documentation indicated the injured worker wanted to switch from Norco 10 mg to a weaker opioid in an attempt to wean off pain medications and as such, 2 refills would not be supported.