

<b>Case Number:</b>	CM14-0062824		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 56 year old male who reported an injury of inguinal hernia. A clinical note dated 12/01/13 indicated the injured worker complaining of left sided inguinal pain. A clinical note dated 06/10/13 indicated the injured worker complaining of mid and low back pain. The injured worker reported right sided rib pain. A clinical note dated 11/11/13 indicated the injured worker complaining of intermittent right sided strength at very inadequate strength at mode clinical note dated 01/03/14 indicated the injured worker complaining of right sided rib pain. The injured worker continued with chest pain rated 6/10 on the visual analog scale. A clinical note dated 02/28/14 indicated the injured worker continuing with right sided rib pain. The injured worker utilized tramadol and Anaprox for pain relief. A clinical note dated 04/15/14 indicated the injured worker complaining of left sided groin pain and rib and back pain. The injured worker stated the initial injury occurred when a forklift ran into him throwing him approximately eight feet on 06/09/11.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113/127.

**Decision rationale:** The injured worker must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, the medical necessity of this medication cannot be established at this time.