

<b>Case Number:</b>	CM14-0063736		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Interventional Spine 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 patient is a 61 year old with an injury date on 4/24/03. The patient complains of continued lower lumbar pain, and continued pain in his feet per 4/1/14 report. The patient has seen functional improvement and pain relief with switching from Ultram to Tramadol per 4/1/14 report. Based on the 4/1/14 progress report provided by [REDACTED] the diagnosis is lumbar discogenic pain. The exam on 4/1/14 showed tenderness to palpation about the lower lumbar paravertebral musculature. Range of motion of L-spine slightly diminished, but especially at extension which is 10 degrees. Per, [REDACTED] he is requesting Tramadol 50mg #360 and 1 pair of orthopedic shoes. The utilization review determination being challenged is dated 5/1/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/17/13 to 4/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 82, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 82, 93-94, 113.

**Decision rationale:** This patient presents with lower back pain and bilateral foot pain. The provider has asked for Tramadol 50mg #360 on 4/1/14. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is not medically necessary.

**1 pair of orthopedic shoes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines-TWC, low back section.

**Decision rationale:** This patient presents with lower back pain and bilateral foot pain. The provider has asked for 1 pair of orthopedic shoes on 4/1/14 on an industrial basis. Regarding shoe inserts and orthotic shoes for low back pain, ODG guidelines recommend shoe inserts but not custom made shoes or custom made inserts. As, shoe lifts are recommended for leg-length discrepancy. Recommendation is not medically necessary as the request is not supported by the guidelines.