

<b>Case Number:</b>	CM14-0075966		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Rehab, has a subspecialty in Interventional 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 patient is a 33 years old male with an injury date on 09/16/2010. Based on the 04/08/2014 progress report provided by [REDACTED] the diagnoses are: 1. HNP of the lumbar spine with stenosis. 2. Facet arthropathy of the lumbar spine. 3. Lumbar radiculopathy. 4. Ongoing psychiatric and psychological issues According to this report, the patient complains of low back pain, GI upset and headaches. The patient states "that the medications help decrease his pain by about 50% and increases his activity level." Range of motion of the lumbar spine is decreased in all planes. MRI lumbar spine dated 4/25/13 reveals retrolisthesis L4-5 with ODD, annular fissuring with narrowing of the left lateral recess at L4-5 with slight contact of bilateral S1 nerve roots at LS-S1, but without evidence for neural foraminal narrowing at any level. There were no other significant findings noted on this report. [REDACTED] is requesting Tramadol 50mg #60 with 3 refills. The utilization review denied the request on 05/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Long-term Users of Opioids (6-months or more) 1) Re-assess (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction. See Substance Abuse Screening. 2) Strategy for maintenance (a) Do not attempt to lower the dose if it is working (b) Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication. (c) The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain (Wisconsin) 3) Visit Frequency (a) There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. Outcomes measures: It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006) Page 78 of MTUS require Pain Assessment that require 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. , page pgs 88, 89).

**Decision rationale:** According to the 04/08/2014 report by [REDACTED] this patient presents with low back pain, GI upset and headaches. The treater is requesting Tramadol 50mg #60 with 3 refills. The UR denial letter states "the medication has been prescribed for 10 months without change and no notation Urine Drug screen to determine compliance." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, MTUS guidelines, under outcome measure recommend documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of the report the treater does not provide functional documentation using a numerical scale or validated instrument at least once every six months, and documentations regarding the 4 A's as required by MTUS are missing. No discussion regarding opiate monitoring is provided. Given the lack of

sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.