

<b>Case Number:</b>	CM14-0083039		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/14/1995
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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:

64y/o male injured worker with date of injury 4/14/95 with related low back pain. MRI of the lumbar spine dated 10/22/13 revealed prior fusion and laminectomy at L5-S1. Prior laminectomy at L2-L3. There was broad-based disc protrusion at this level without high-grade canal stenosis. Broad-based disc protrusion eccentric toward the left at L3-L4, contributing to mild central canal stenosis. He has been treated with surgery, injections, physical therapy, and medication management. The date of UR decision was 5/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113, 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug

related behaviors. These domains have been summarized as the '4A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals documentation to support the medical necessity of Tramadol. Per the latest progress report dated 6/24/14, pain is rated 4-5/10 with medications and 9-10/10 without. With medication he is able to do his normal activities of daily living and has functional improvement in walking, sitting, stairs, lifting, sleeping, and driving. He has not presented any aberrant behavior and has been compliant with routine UDS. I respectfully disagree with the UR physician's assertion that there was no evidence of lasting functional improvement. The request is medically necessary.