

<b>Case Number:</b>	CM14-0083717		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/06/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Internal 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 58 year old female who reported an injury to her neck and neck, mid, and low back. The utilization review dated 05/08/14 resulted in modified approval for continued tramadol. No information was submitted regarding objective functional improvement with continued use of this medication. The AME dated 03/18/09 indicated the initial injury occurred in 1989 when she was attempting to pass a box of fruit to a coworker resulting in sudden onset of low back pain. Upon exam, the injured worker demonstrated reflex deficits at both brachioradialis regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride tablets 50 mg, three times per day for 3 months, #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & cardiovascular risk; Opioids Page(s): 68, 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Injured workers must demonstrate 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. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.