

<b>Case Number:</b>	CM14-0107792		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained a work related injury on December 15, 2012, from a roll over motor vehicle accident, injuring the neck and right low back. On January 16, 2014, the injured worker received diagnostic/therapeutic left C4, C5, C6, and C7 median branch nerve blocks utilizing anesthetic medication, under fluoroscopy. On January 23, 2014, the injured worker received diagnostic right C4, C5, C6, and C7 median branch nerve blocks utilizing anesthetic medication, under fluoroscopy. The injured worker's conservative treatments were noted to have included physical therapy, trigger point therapy, transforaminal epidurals to the right L4 and L5, home heat/ice therapy, postural and functional ergonomics, a home exercise program, and oral medications. The Primary Treating Physician noted on April 8, 2014, the injured worker completes periodic unannounced urine drug screens, with a pain management agreement and opioid risk screening on file. On April 17, 2014, the injured worker received therapeutic left C4, C5, C6, and C7 median branch nerve radiofrequency neurotomy under diagnostic fluoroscopy, with post radiofrequency neurotomy administration of anesthetic and anti-inflammatory medication to control post procedural pain and inflammation. On April 24, 2014, the injured worker received therapeutic right C4, C5, C6, and C7 median branch nerve radiofrequency neurotomy under diagnostic fluoroscopy, with post procedural administration of anesthetic and anti-inflammatory medication. The Primary Treating Physician's report dated June 9, 2014, noted the injured worker with constant left neck pain with left lateral flexion or rotation, rare tingling in the hands and fingers after turning head too quickly, and dull ache in the right low back to the buttocks. The injured worker was noted to have undergone a L4-L5 discectomy in

1996. Physical examination was noted to show improved tenderness bilateral cervical spine during range of motion, a tight tender trapezius, right mid buttock tenderness, and tenderness present in the proximal right sciatic nerve. The diagnoses were noted as chronic intractable pain syndrome, myofascial pain syndrome, cervicgia, degenerative disc disease; cervical spine, low back pain; chronic, cervical spondylosis without myelopathy, and post laminectomy syndrome lumbar region. The Physician requested authorization for Tramadol 50mg #60. On June 13, 2014, Utilization Review evaluated the request for Tramadol 50mg #60, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the records noted the injured worker's pain made worse with activity, including sitting, standing, and walking, and that ongoing opioid use was not indicated without evidence of functional improvement, such as an increase in activities of daily living or work status. The UR Physician noted that the continued use of the Tramadol was not warranted, however given that abrupt cessation may lead to withdrawal symptoms, a slow wean schedule was warranted at that time. The UR Physician's recommendation was to modify the request for Tramadol 50mg #60, to allow one refill of Tramadol 50mg qt #60, take one by mouth twice a day for the purpose of weaning to discontinue, with a reduction of the Tramadol by 10% to 20% per week over a weaning period of two to three months. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 60mg quantity #60:** 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 Page(s): 76-78,88-89.

**Decision rationale:** This patient presents with neck, arm, and low back pain. The patient is status post median branch nerve radiofrequency neurotomy from 04/24/2014. The patient's work status is modified duty. The treater is requesting TRAMADOL 50 MG #60. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 12/10/2013. The 06/13/2014 report notes that the patient complains of constant left neck pain with left lateral flexion or extension. Left arm pain has improved with physical therapy. There is dull ache in the right low back to the buttock which is constant and nagging. He rates his pain at its best 3/10 and at its worst 6/10. The patient describes his pain as sharp, dull, aching, stabbing, and numbing. The pain is alleviated with heat, rest, lying down, medications, and massage. The 06/09/2014 report notes, Tolerating medications well. Tramadol b.i.d. and Anaprox q.d. Aside from the above statement, none of the reports document before and after

pain scales to denote analgesia and no specific ADLs were discussed. There are no discussions about side effects and aberrant drug-seeking behavior such as urine drug screen or CURES report. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.