

<b>Case Number:</b>	CM14-0130191		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 was a 64-year-old male, who sustained an industrial injury, March 28, 2006. According to the progress note of February 11, 2014, the injured worker was taking Tramadol HCL 50mg and Oxycodone HCL 15mg for pain. According to progress note of July 3, 2014, the injured worker's chief complaint was lumbar spine pain. The injured worker has had no relief from the pain since surgery and was not actively exercising the back. The physical exam noted no gross neurological abnormalities. The injured worker was undergoing treatment for low back pain and right L5-S1 neural foraminal encroachment with continued periodic sciatic there was no relief from the pain after surgery. The injured worker previously received the following treatments Oxycodone HCL 15mg 1 every 4-6 hours as needed for pain, Tramadol HCL 50mg 2 tablets on the AM, 1 in the afternoon and 2 tablets in the PM; Gabapentin, discectomy of aL5-S1 in 2007. The RFA (request for authorization) dated the following treatments were requested prescriptions for Oxycodone HCL IR 15mg #150 and Tramadol HCL 50mg #150. The UR (utilization review board) certification on July 17, 2014; modified the prescription for Oxycodone IR 15mg to # 40 and denied the Tramadol prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL IR 15mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with chronic back pain. The request is for OXYCODONE HCL IR 15MG #150. The request for authorization is not provided. The patient is status post discectomy L5-S1, 01/04/07. MRI, 02/05/08, shows right L5-S1 neural foraminal encroachment. Physical examination reveals tender lower back mostly right sided. Patient's medications include Gabapentin, Oxycodone, and Tramadol. Patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per progress report dated 08/04/14, treater's reason for the request is "This patient has been on these medications, with clinical improvement and relief of his pain, since 2007." MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation, the request WAS NOT medically necessary.

**Tramadol HCL 50mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** The patient presents with chronic back pain. The request is for TRAMADOL HCL 50MG #150. The request for authorization is not provided. The patient is status post discectomy L5-S1, 01/04/07. MRI, 02/05/08, shows right L5-S1 neural foraminal encroachment. Physical examination reveals tender lower back mostly right sided. Patient's

medications include Gabapentin, Oxycodone, and Tramadol. Patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per progress report dated 08/04/14, treater's reason for the request is "This patient has been on these medications, with clinical improvement and relief of his pain, since 2007." MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation, the request WAS NOT medically necessary.