

<b>Case Number:</b>	CM14-0179134		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/11/2003
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabn, Pain Management

### 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's original date of injury was October 11, 2003. The primary industrial diagnosis is chronic low back pain. Other associated diagnoses include myofascial pain, lumbosacral radiculitis, major depression, and numbness/tingling. The patient has been treated with pain medications, and is also under the care of psychiatry who has prescribed Paxil, Ativan, and Abilify. The disputed issue is a request for tramadol/acetaminophen. A utilization review on October 21, 2014 had denied this request. The stated rationale for the denial included that tramadol is only intended for short-term use, and there was no documentation of a sign opioid agreement or complaint urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HD/APAP 37.5 mg/5/325 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. The progress notes are handwritten and there are some parts that are difficult to decipher, but there does not appear to be documentation of improvement in function attributable to tramadol. Also, a recent urine drug screen (UDS) is not noted, and guidelines require aberrancy monitoring. Based on the lack of documentation, medical necessity of this request cannot be established at this time.