

<b>Case Number:</b>	CM14-0188355		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 11/16/00. Based on the 08/26/14 progress report provided by treating physician, the patient complains of low back pain that radiates to her left buttock, neck and left wrist pain. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles and trigger points at L5, with bilateral sciatic. Range of motion was decreased 25%. Patient's medications include Tramadol, Cymbalta, Lidoderm, Lisinopril, Methocarbamol, Savella, Voltaren Gel and Zipsor Capsule, which have been prescribed in progress reports dated 04/16/14 and 08/26/14. Per Review of Systems in progress report dated 08/26/14, patient is allergic to Davon, Vicodin and Ultram. Physical therapy improves her condition. Patient is not working. Diagnosis 04/16/14, 08/26/14- bilateral carpal tunnel syndrome- lumbar spine degenerative joint disease, degenerative disc disease- C5-6 degenerative joint disease, degenerative disc disease- status post carpal tunnel syndrome release 2001. The utilization review determination being challenged is dated 10/15/14. Treatment reports were provided from 02/12/14 - 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg po qid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

**Decision rationale:** The patient presents with low back pain that radiates to her left buttock, neck and left wrist pain. Patient is status post carpal tunnel syndrome release 2001. Patient's diagnosis on 08/26/14 included bilateral carpal tunnel syndrome; lumbar spine degenerative joint disease, degenerative disc disease; and C5-6 degenerative joint disease, degenerative disc disease. Patient's medications include Tramadol, Cymbalta, Lidoderm, Lisinopril, Methocarbamol, Savella, Voltaren Gel and Zipsor Capsule, which have been prescribed in progress reports dated 04/16/14 and 08/26/14. Physical therapy improves her condition. Patient is not working. MTUS Guidelines pages 88-89 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 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. Tramadol has been prescribed in progress reports dated 04/16/14 and 08/26/14. In this case, physician has not stated how Tramadol reduces pain and significantly improves her activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding analgesia, adverse effects, aberrant drug behavior and specific ADL's, etc. There are no UDS's, CURES, or opioid pain contracts. There is no discussion of return to work or change in work status. Furthermore, per Review of Systems in progress report dated 08/26/14, patient is allergic to Ultram, which is Tramadol. Given the lack of documentation as required by MTUS, and allergy, the request is not medically necessary.