

<b>Case Number:</b>	CM14-0188947		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/07/2014
<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 Family 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 55-year-old male who experienced an industrial injury 05/23/12. Upon follow-up evaluation on 08/18/14, he complained of lower back pain with radiating pain down the lower extremities with numbness, tingling, weakness, has an antalgic gait and uses a cane to help with ambulation. He reported one week ago while at home, his legs gave out on him and he fell forward landing onto his hands which aggravated his lower back injury and he also developed pain in the right hand. Upon physician examination, there was spasm, tenderness, and guarding noted in the paravertebral muscles of the lumbar spine with decreased range of motion. There was decreased dermatomal sensation with pain over the bilateral L5 dermatomes. Diagnoses were status post lumbar micro decompression surgery, 11/15/13, and lumbar radiculopathy. He denied the need for oral pain medications. There were previous medical records available for review which the physician had ordered the medication, Tramadol HCL ER 150 mg. The medical records were previously reviewed by utilization review and were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 482 and 483, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids for chronic pain

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, this request is not medically necessary.