

<b>Case Number:</b>	CM14-0191370		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Pain Management and 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 42-year-old male with a date of injury of 05/03/2007. The listed diagnoses are: 1. Derangement of knee. 2. Chronic pain syndrome. 3. Psychophysiological disorder. 4. Myalgia/myositis. 5. Temporomandibular joint disorder. 6. Traumatic brain injury. According to progress report 10/07/2014, the patient presents with cervical spine, low back, left knee, and TMJ pain. The patient states that his medication prescriptions given to him at last visit have not been authorized, and "he has been in tremendous pain as a result." The patient was previously utilizing Ultram 50 mg in which the patient reported 70% decrease in pain with no adverse side effects. The patient has no aberrant drug-related behaviors. The patient's current medication regimen includes Cyclobenzaprine 10 mg, Lidoderm 5% adhesive patch, Tramadol 50 mg, and Voltaren 1% topical gel. Examination of the lumbar spine revealed tenderness noted over the paraspinal muscles overlying the facet joints on both sides. Examination of the lower extremity revealed joint swelling noted over the left lower extremity. The treating physician states that the patient's medications "help manage his/her pain and allows him/her to function and progress to the therapies. These medications remain medically necessary on an industrial basis." Request is for refill of Tramadol 50 mg #60. The utilization review denied the request on 10/15/2014. Treatment reports from 10/08/2013 through 10/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 1 refill: Upheld**

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

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

**Decision rationale:** This patient presents with neck, low back, and left shoulder pain. The current request is for Tramadol 50 mg #60 with 1 refill (2 times daily for pain). MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing Tramadol since 02/20/2014. Progress reports document that "analgesic effect reported by Physical Therapy reveals a 70% decrease in pain." The treating physician provides statement reading "these medications help manage his/her pain and allows him/her to function and progress to the therapies. These medications remain medically necessary on an industrial basis." Besides this generic statement that is provided at the end of every progress report, there is no discussion of specific functional improvement or changes in ADLs as required by MTUS for opiate management. The treater states the patient has no aberrant behaviors, but urine drug screens have not been provided to confirm compliance. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Tramadol 50 mg is not medically necessary.