

<b>Case Number:</b>	CM14-0191485		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/16/1989
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 61 year old male who was injured on 3/16/1989. He was diagnosed with lumbago, lumbar degenerative disc disease, and sciatica. He was treated with surgery (lumbar laminectomies), multiple medications including Tramadol, H-wave, back brace, physical therapy, and injections. Tramadol use years ago had produces severe constipation and was decreased at some point, but was continued. On 9/30/14, the worker was seen by his nurse practitioner at his primary treating physician's office reporting low back pain rated 6/10 on the pain scale. He reported not working at the time. Physical examination findings included decreased range of motion of the lumbar spine, unsteady gait, but normal heel and toe walking ability. He was then recommended to continue his previously recommended therapies as before, including H-wave, back brace, walker, cane, Soma, tramadol, Norco, Zohydro ER, Celebrex, Lyrica, and Cymbalta and repeat imaging of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride tablets, 50 mg, 180 count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 - 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to show that the provider completed this full review at the time of the request for continuation of his opioid therapies, including tramadol. Most importantly, there was no report found in the documentation within the recent months leading up to this request showing measurable functional improvements and pain reduction from the continual tramadol use, as this was not included in the notes provided for review. Therefore, without this evidence of benefit and due to the high amounts of opioid therapy currently being used by this worker, continued use of Tramadol Hydrochloride is not medically necessary.