

<b>Case Number:</b>	CM14-0197749		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 54-year-old male with an injury date of 03/14/2003. According to the 05/23/2014 progress report, the patient complains of constipation, diarrhea, and a slightly improved acid reflux. The 07/08/2014 report states that the patient complains of having low back pain which he rates as a 6/10. He has a flareup of mid to low back pain over the last 2 weeks and is having difficulty rising from a seated position. The 10/07/2014 report indicates that the patient continues to have low back pain that radiates to the left lower extremity. There is tenderness and spasm on the lumbar paraspinal bilaterally. Tenderness is present at L4, L5. The patient's diagnoses include the following: Lumbar region disk disorder. Lumbar radiculitis. Postsurgical syndrome of the lumbar spine. The utilization review determination being challenged is dated 10/29/2014. Treatment reports were provided from 05/23/2014 - 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 100mg ER #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** According to the 10/07/2014 report, the patient presents with low back pain that radiates down to the left lower extremity. The request is for Tramadol HCL 100 mg ER #45. There is no indication on when the patient began taking Tramadol. It was first mentioned on the 10/07/2014 report. MTUS Guidelines, pages 88, 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 4 As (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. MTUS Guidelines pages 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." The 07/08/14 report indicates that the patient is taking Relafen and Omeprazole. It appears as though the patient was first prescribed Tramadol on 10/07/14 and there is no discussion of why Tramadol was added to the patient's medication regimen. There is no mention of any prior opiate use. There is no discussion on the "aim of use of the medication" or on "potential benefits and adverse effects." Therefore, the request for Tramadol HCL is not medically necessary.