MAXIMUS Federal Services

| Case Number: | CM14-0199961 | | |
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| Date Assigned: | 12/22/2014 | Date of Injury: | 08/31/2002 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

## 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 Pain 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:

This is a 50 year old female who suffered a work related injury on 08/31/2002. Diagnoses include degenerative disc disease of the lumbar spine, facet arthropathy of the lumbar spine, multiple orthopedic complaints including shoulder, and chronic pain syndrome. In a physician progress note dated 10/21/2014 the injured workers' back pain is controllable since her rhizotomy on 04/10/2013. Her pain is dependent on her work load. She has aching pain in her low back. She notes a decrease in her pain since her last visit. Treatment has included medications, physical therapy, chiropractic sessions, and trigger point injections. On examination there is tenderness to palpation in the lower lumbar paraspinous regions bilaterally. Gait is mildly antalgic. Range of motion of lumbar spine is decreased in all planes and limited by pain. Lumbar extension is limited to 5 degrees because of increased pain. It is documented the injured worker is working. Treatment requested is for Tramadol 50mg, # 30. Utilization Review dated 11/21/2014 non-certifies the request for Tramadol 50mg, # 30. Cited was California Medical Treatment Utilization Schedule-Tramadol. The injured worker was switched from Tramadol ER 150mg daily to Tramadol 50mg, # 30. There is no medical necessity for 2 short acting opiates analgesics. Since the injured worker is continued on her Norco, there should not be any need to taper the Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.