

<b>Case Number:</b>	CM14-0201921		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 40 year-old male with a 10/12/12 date of injury. According to the 10/8/14 medical report, the patient was doing heavy work 3 days prior and developed abdominal pain that radiates to the groin, that he felt was an abdominal hernia. He takes tramadol for relief, but only about 3x/week. His diagnosis has been abdominal pain with hernia ruled out. There are 6 medical reports provided from 6/20/14 through 12/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 50 MG #60 Supply 30 Days:** 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, Pain Outcomes and Endpoints Page(s): 88-89, 9, 8.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or

other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Chronic Pain Medical Treatment Guidelines, pg. 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS Chronic Pain Medical Treatment Guidelines, pg. 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The patient has been using tramadol for pain control in the 6-month timeframe between 6/20/14 and 12/3/14, but the reporting did not document the patient's response to treatment nor the pain levels compared to baseline, nor functioning using a numeric scale of validated instrument. The reporting does not meet the MTUS criteria for long-term use of opioids. The request for Tramadol HCL Tab 50 MG #60 Supply 30 Days is not medically necessary.