

<b>Case Number:</b>	CM14-0207850		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 injured worker is a 48-year-old male who reported injury on 12/05/2008. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar radiculopathy, anxiety disorder, brachial neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Past medical treatment consists of psychiatric evaluation and medication therapy. Medications include hydrocodone, ketoprofen, omeprazole, Lidoderm, Amrix ER, oxycodone HCL, and tramadol. There were no urinalysis or drug screens submitted for review. On 12/01/2014, the injured worker complained of significant lower back pain. He stated that with the continued use of medications, he is able to function. Physical examination of the cervical spine revealed muscles were tender to palpation. Spasm was present at the cervical spine. Range of motion was restricted. There was a positive Spurling's test on the left. Examination of the lumbar spine revealed paravertebral muscle tenderness. Spasm was present. Range of motion was restricted. Sensation was reduced in bilateral L5 dermatomal distribution. Straight leg raising test was positive bilaterally. Achilles tendon reflex was absent bilaterally. Medical treatment plan is for the injured worker to continue taking medications. No rationale or Request for Authorization form was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 50mg with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for tramadol HCL tab 50 mg with 2 refills is not medically necessary. The California MTUS Guidelines state that with continued use of opioids there is to be assessments indicating efficacy of medication, documented improvement in pain and function. The guidelines also recommend ongoing review of pain relief. Assessment should indicate medication use and side effects. Additionally, there should be indication what pain level was before, during, and after medication administration. The guidelines state that there should be urine drug screens indicating compliance of prescription medications. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits. Additionally, there was no indication of what pain levels were before, during and after medication administration. Furthermore, there were no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. The request as submitted also did not specify a frequency or duration of the medication. Given the above, the injured worker injured worker not within recommended guideline criteria. As such, the request is not medically necessary.