

<b>Case Number:</b>	CM14-0212162		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 55-year-old male with a 4/12/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/31/14 noted subjective complaints of persistent lower back pain. Objective findings included lumbar spasms and tenderness. Diagnostic Impression: low back pain, lumbar radiculopathy Treatment to Date: medication management, lumbar fusion. A UR decision dated 11/19/14 modified the request for Tramadol 50 mg #30, allowing one month supply for the purpose of weaning. Given that the exacerbation of pain has subsided, additional use is not medically reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol HCL 50 mg #30 is not medically necessary.