

<b>Case Number:</b>	CM14-0218948		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old male who reported an injury on 08/15/2007. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 11/24/2014. The documentation of 11/17/2014 revealed the injured worker had subjective complaints of back, sleep, and "psych." The injured worker had tenderness to palpation in the lumbar paravertebral muscles. The injured worker had difficulty standing from a seated position. The injured worker had a positive straight leg raise and decreased sensation in the left leg with weakness. The injured worker had weakness to the left knee, foot, and ankle. The diagnoses included lumbar spine radiculitis, lumbar spine disc injury status post lumbar spine decompression and fusion, and sleep disturbance. The treatment plan included an MRI and continue treatment with an additional physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Use of Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The date of service being requested was not provided. The request as submitted failed to indicate the frequency, quantity, and strength of the medication being requested. Given the above, the request for retro use of tramadol is not medically necessary.

**Prospective Use of Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management\ Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency, quantity, and strength of the medication being requested. The date of service being requested was not provided. Given the above, the request for prospective use of tramadol is not medically necessary.