

<b>Case Number:</b>	CM14-0049163		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 & 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 40 year old male, who sustained an industrial injury on 8/9/12. The injured worker has complaints of upper and lower back pain. The documentation noted that the range of motion of the thoracic spine was slightly restricted in all planes, while the range of motion of the lumbar spine was slightly-to-moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. The documentation noted that sensation to fine touch and pinprick was decreased in the lateral and posterior aspects of the left calf and the dorsum of the left foot. The diagnoses have included mild left L5 radiculopathy; chronic myofascial pain syndrome, thoracolumbar spine and chronic daily headaches due to muscle contractions. Treatment to date has included tramadol; naproxen; omeprazole; mirtazapine; trigger point injections and home exercise program. The request was for prospective usage of tramadol 150 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective usage of Tramadol 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with pain in the upper and lower back. The request is for Tramadol 150 mg # 60. Physical examination to the lumbar spine on 03/07/14 revealed multiple myofascial trigger points throughout the paraspinal musculature. Range of motion restricted range of motion in all planes. Patient was unable to perform heel-toe gait well with the left foot. Per 01/24/14 progress report, patient's diagnosis include mild left L5 radiculopathy, chronic myofascial pain syndrome thoracolumbar spine, chronic daily headaches due to muscle contractions, NSAIDS gastritis, and sprain injury left ankle. Patient's medications, per 01/24/14 progress report include Tramadol, Cyclobenzaprine, Naproxen, and Omeprazole. Patient's work status is modified duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Patient has received prescriptions for Tramadol from 12/13/13 and 03/04/14. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. UDS test results dated 03/17/14 were consistent with patient's medications. However, there is no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse affects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.