

<b>Case Number:</b>	CM14-0075370		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Family Medicine, 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:

According to the records made available for review, the injured worker is a 47 year-old female with a date of injury of 10/01/2008. The result of the injury was back pain. Diagnoses included lumbar radiculopathy and lumbosacral neuritis. Information pertaining the diagnostic testing performed was not submitted for this review. Treatments have included medications, epidural steroid injections, physical therapy, and chiropractic sessions. Medications have included Tramadol and Codeine. A right lumbar (L4-5) epidural steroid block was administered on 10/31/2013 by the treating physician. A progress note from the same physician, dated 11/23/2013, documents that the injured worker notes her pain as stable and has greater than 50% improvement with increased activity after having had two epidural steroid injections. Physical examination on this day notes tenderness in the paraspinal lumbar muscles and is able to stand unassisted from a sitting position. Activity is listed to be as tolerated. On 04/23/2014, Utilization Review non-certified the prescriptions for Tramadol and Codeine. The Tramadol and Codeine were non-certified due to the lack of documentation and high pain level with the use of opiates. The evidence-based guidelines which were cited were the CA MTUS Chronic Pain Medical Treatment Guidelines: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 482 485-487, 489, 491, 512, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, Tramadol, per ODG website

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Additionally, the request does not specify dose or quantity. Therefore, the requested medication is not medically necessary.

**Codeine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 453, 461, 482, 485, 491-492, 718, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, Codeine, per ODG website

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