

<b>Case Number:</b>	CM15-0002000		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Family Practice

### 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 60 year old male with a date of injury as 04/25/2012. The current diagnoses include carpal tunnel syndrome, cervical radiculopathy, left knee sprain/strain, lumbar degenerative disc disease, cervical sprain/strain neck, right shoulder sprain/strain, and depression. Previous treatments include oral and topical medications, home exercise program, TENS unit, and cognitive behavioral therapy. Primary treating physician's reports dated 01/18/2014 through 07/02/2014 and mental health evaluations dated 04/03/2014 and 05/01/2014 were included in the documentation submitted for review. Report dated 07/02/2014 noted that the injured worker presented with complaints that included low back pain, radiating numbness to the left lower extremity more than the right, pain level was noted to be 6 out of 10. The injured worker stated that pain medications help to manage his pain by 50-60%. Physical examination revealed tenderness to palpation in the lumbar spine and decreased sensation. Treatment plan included continued use of TENS unit, topical ointment, HEP, Zoloft, Tramadol, topiramate, and omeprazole. Request was made for lumbar epidural steroid injection due to failure of conservative therapy and continued lower lumbar radiculopathy. Documentation did not contain a current evaluation of functional improvement while taking the current medication regimen, nor was there any urine drug screenings included. Documentation submitted supports that the injured worker has been prescribed Tramadol since approximately 02/15/2014. The injured worker is currently working. The utilization review performed on 12/24/2014 modified a prescription for Tramadol based on no evidence of objective functional gains supporting subjective improvement. The reviewer referenced the California MTUS in making this decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid, such as Tramadol, in this patient. Treatment with Tramadol is not considered as medically necessary.