

<b>Case Number:</b>	CM15-0007823		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	02/28/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male who reported an injury on 02/28/2009 due to an unspecified mechanism of injury. A clinical note dated 01/28/2015, indicates that the injured worker has a large right sided herniated disc and was awaiting approval for an epidural steroid injection and spine consultation for a laminectomy and discectomy. His pain was noted to be controlled on tramadol. No additional clinical documentation was submitted for review. The treatment plan was for tramadol 50 mg #100. The rationale for treatment was to continue to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be getting relief from tramadol. However, there is a lack of documentation showing objective evidence of efficacy of a quantitative decrease in pain and an objective improvement in function or increased activities of daily living to support the continuation of this medication. In addition, no official urine drug screens or CURES reports were provided for review to validate compliance. Furthermore, the frequency of the medication was not stated within the request. Given the above, the request is not medically necessary.