

<b>Case Number:</b>	CM15-0132048		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: 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 53year old male who sustained an industrial/work injury on 6-8-99. He reported an initial complaint of pain in low back and right knee. The injured worker was diagnosed as having failed back surgery, lumbar radiculopathy, status post fusion of lumbar spine, and right knee pain. Treatment to date includes medication, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, home exercise program, surgery (venous surgery on 3-5-15), and diagnostics. X-ray results were reported on 4-4-14. Currently, the injured worker complained of constant low back pain that radiates down to the bilateral lower extremities with numbness and tingling down both legs to the toes. Pain was rated 6-7 out of 10. Per the pain medicine re-evaluation on 4-24-15, exam noted tenderness to palpation from L4-S1, range of motion was moderately to severely limited, increase pain with flexion and extension, decreased sensitivity to touch along the L4-S1 dermatomes in the bilateral lower extremities, positive seated straight leg raise at 70 degrees, and tenderness at the left knee and left foot due to infection requiring an antibiotic. The requested treatments include Tramadol 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89, 80, 81.

**Decision rationale:** The patient was injured on 05/08/99 and presents with low back pain which radiates down the bilateral lower extremities. The request is for Tramadol 50 mg quantity 30. The utilization review determination rationale is that "the guidelines note that medications should be tapered by 20 to 50 percent per week of the original dose for patients who are not addicted." The RFA is dated 06/10/15 and the patient is "currently working with restrictions." The patient has been taking Tramadol as early as 01/16/15 and treatment reports are provided from 01/16/15, 03/27/15, and 04/24/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids; Therapeutic Trial of Opioids, 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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 01/16/15 and 03/27/15 reports indicate that the patient rates his pain as a 7-8/10 with medications and an 8-9/10 without medications. The 04/24/15 report states that the patient rates his pain as a 7/10 with medications and a 9/10 without medications. "A CURES report was obtained Nov 21, 2014 and reviewed with the patient. There were no inconsistencies noted. A review of the patient's prior urine drug test Feb 23, 2015 showed an inconsistency of absent controlled medication in his urine. After discussion with the patient, it was determined that the patient did not need the medication as much and thus did not take the prescribed medication prior to the office visit, thus it was not detected at the time of testing. The patient may no longer require the previously prescribed amount and his prescription provided will be decreased as tolerated." In this case, there are before and after medication pain scales provided and the patient is currently working. The patient has a CURES report on file dated 11/21/14 and the most recent UDS indicated that the patient is not using his medications as much and he may not need as much medication as he did before. The utilization review denial letter states that the patient was "last certified for Tramadol 50 mg up to #30 on 02/03/2015." If the patient is weaning off of Tramadol, the quantity of 30 tablets is not reasonable. Therefore, the requested Tramadol is not medically necessary.