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| <b>Case Number:</b>   | CM15-0132958 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 04/09/2014 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2015 |

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 57-year-old male, who sustained an industrial injury on 4/9/14. He reported falling backwards, striking his back and head; he noted low back pain, headache and neck pain. The injured worker was diagnosed as having cerebral concussion without loss consciousness with headaches, memory and cognitive problems; cervical spine sprain, lumbosacral sprain with right sciatica and insomnia. Treatment to date has included trigger point injections, oral medications including Tramadol and Prilosec; topical medications and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 5/28/15 revealed reversal of cervical lordosis, retrolisthesis at L1-2 and L2-3 and L5-S1 anterolisthesis and (MRI) magnetic resonance imaging of cervical spine revealed C2-3 and C3-4 mild left facet arthropathy, C4-5 mild left neuroforaminal narrowing and C5-6 moderate to severe canal stenosis and moderate bilateral neuroforaminal narrowing. Currently on 6/8/15, the injured worker complains of cerebral spine pain rated 6-7/10 with radiation and lumbar spine pain rate 7-8/10 which is constant with radiation. He is requesting stronger medication. He is currently working with modifications. Physical exam performed on 6/8/15 revealed sub-occipital tenderness, lumbar tenderness and cervical tenderness with restricted lumbar and cervical range of motion, and an antalgic gait. A request for authorization was submitted for Cyclobenzaprine-Tramadol, Prilosec 20mg and Tramadol Er 150mg on 6/10/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol extended release 150mg quantity 30 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** The medication requested for this patient is Tramadol. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. He has received Tramadol for greater than 6 months and requests stronger medication for pain relief. Documentation noted the intensity of the pain; however, the duration or pain level following medications were not documented. Urine drug screenings were inconsistent for medications prescribed. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.