

<b>Case Number:</b>	CM15-0133220		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	02/28/1997
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/18/2015
<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: Massachusetts

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 67 year old female, who sustained an industrial injury on February 28, 1997. Treatment to date has included bilateral lumbar radiofrequency, medications, home exercise program, heat-ice therapy, medial branch block, and NSAIDS. Currently, the injured worker complains of right lower back pain and hip pain. She had bilateral lumbar radiofrequency which provided approximately 70% relief in her low back pain. She has continued to have significant myofascial discomfort and sensitivity in the right hip and buttock. Her pain limits activities such as bending, sitting, and rising from a chair. She reports that she has been able to reduce her hydrocodone use from nine per day to eight per day since her injection. Her current medications include hydrocodone, tizanidine and tramadol. On physical examination the injured worker has an antalgic gait. She has scoliosis of the thoracic and lumbar spine and has tenderness to palpation over the right quadratus lumborum. Her lumbar spine range of motion has improved. She has tenderness to palpation over the bilateral sacroiliac joints and bilateral greater trochanter region. She has decreased bilateral motor strength in the lower extremities due to deconditioning and diminished sensation in the right heel. The diagnoses associated with the request include bilateral lumbar facet mediated pain, bilateral sacroiliac joint pain with bilateral piriformis syndrome, L1 wedge deformity with marrow edema, myofascial pain and severe deconditioning. The treatment plan includes right sacroiliac joint injection, piriformis injection and trochanter injection, hydrocodone, tizanidine and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Tramadol 200mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Introduction, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 6-7, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for right low back and hip pain. When seen, there had been improvement after lumbar radiofrequency ablation treatment. A right sacroiliac joint, greater trochanteric bursa, and piriformis injection procedure was pending. Pain was rated at 3-4/10. She had been able to decrease hydrocodone from nine per day to eight per day and had not taken any extended release tramadol. She was requesting tramadol until the pending injection procedure was completed. Physical examination findings included appearing uncomfortable. There was a somewhat antalgic gait. There was tenderness over the sacroiliac joints with positive Fabere testing. There was trochanteric bursa and lumbar spine tenderness. There was decreased left lower extremity strength and right lower extremity sensation. Hydrocodone and tramadol were prescribed. The total MED (morphine equivalent dose) was 120 mg per day. It is unclear whether extended release tramadol was intended. The dose strength requested, however, would be consistent with the extended-release formulation. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, it is unclear as to what actual medication is being requested. Additionally, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, as this request was submitted, it was not medically necessary.