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| <b>Case Number:</b>   | CM15-0138603 |                              |            |
| <b>Date Assigned:</b> | 07/28/2015   | <b>Date of Injury:</b>       | 07/21/2011 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2015 |

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 34 year old male, who sustained an industrial injury on 7/21/11. He has reported initial complaints of a low back injury. The diagnoses have included lumbar discogenic pain, abnormal posture with mild protrusion of the neck, lumbar radiculopathy, lumbar facet arthropathy, lumbar degenerative disc disease (DDD), sacroiliitis and sacroiliac pain. Treatment to date has included medications, activity modifications, and other modalities. Currently, as per the physician progress note dated 6/23/15, the injured worker complains of low back pain rated 5/10 on pain scale which is worse than the last visit which was rated 4/10. He reports difficulty with activities of daily living (ADL), difficulty walking/running and loss of range of motion and stiffness. He reports numbness, tingling, heartburn and indigestion. The objective findings reveal that he has an awkward gait and abnormal posture with mild flexion or stooping of the low back. The lumbar range of motion is limited by 50 percent; there is tenderness, tight band, and spasm, hypertonicity, and trigger points along the lumbar. The straight leg raise is positive bilaterally for radicular symptoms and provocative loading maneuvers are positive for axial pain. There is bilateral facet joint tenderness with positive Patrick's test and positive Yeoman's test. There is also diminished sensation with dysesthesias, hyperpathia and paresthesias along the bilateral L5 and bilateral S1 root distribution. The current medications included Gabapentin and Tramadol. Work status was modified. The physician requested treatment included Tramadol 50mg, 2 tablets 3 times daily #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 2 tablets 3 times daily, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol, is not medically necessary.