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| <b>Case Number:</b>   | CM15-0144328 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 09/13/2010 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 06/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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: Maryland

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

This injured worker is a 32 year old female who reported an industrial injury on 9-13-2010. Her diagnoses, and or impression, were noted to include: lumbar disc displacement without myelopathy; and lumbar sprain-strain. No current imaging studies were noted. Her treatments were noted to include psychological evaluation and treatment; medication management; and rest from work. The progress notes of 5-20-2015 reported moderate, chronic low back pain that was associated with numbness and weakness, aggravated by activity, and helped by the intermittent use of medications. Objective findings were noted to include moderate obesity; an antalgic gait with decreased lordosis; spasms and guarding in the lumbar spine; and decreased power in the left ankle dorsiflexion. The physician's requests for treatments were noted to include taking Tramadol as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 50mg, #30 (DOS: 05/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol; Opioids, criteria for use; Weaning of Medications Page(s): 93-94, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Retrospective Tramadol 50mg, #30 (DOS: 05/20/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS recommends monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation also does not indicate evidence of objective urine toxicology screen. The documentation does not indicate evidence of return to work. The request for Tramadol is not medically necessary.