

<b>Case Number:</b>	CM15-0147405		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 42 year old female who sustained an industrial injury on 07-18-13. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include a MRI of the lumbar spine on 09-24-13 which was reported to be normal. Current complaints include lower back pain, recently aggravated by a new work injury on 07-01-15. Current diagnoses include low back pain. In a progress note dated 07-02-15, the treating provider reports the plan of care as medications including Celebrex and Tramadol, as well as a short course of physical therapy. The requested treatment includes Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 50 mg quantity requested: 100.00 (DOS 07/02/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Tramadol 50 mg #100 date of service July 2, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is low back pain. Date of injury is July 18, 2013. Request for authorization is July 10, 2015. According to an October 30, 2014 progress note, the injured worker's medications included Celebrex and tramadol (Ultram). There is no documentation indicating first-line opiate medication treatment failure. According to a July 2, 2015 progress note, subjectively the injured worker complains of low back pain that radiates to the left posterior thigh. Objectively, there is tenderness to palpation. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments in the record. There are no risk assessments in the medical record. Consequently, absent clinical documentation of first-line opiate treatment failure, detailed pain assessments and risk assessments with documentation demonstrating objective functional improvement, retrospective Tramadol 50 mg #100 date of service July 2, 2015 is not medically necessary.