

<b>Case Number:</b>	CM15-0165495		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 48 year old female, who sustained an industrial injury on 6-29-2006. She reported feeling a pop in her left lower abdomen and low back while lifting a box. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, knee pain, insomnia, anxiety, depression, and headaches. Treatment to date has included diagnostics, lumbar spinal surgeries, lumbar epidural injections, physical therapy, and medications. The use of Tramadol was noted for greater than one year. Urine toxicology (1-14-2015, 4-08-2015, and 6-24-2015) were inconsistent with prescribed medications and did not detect Tramadol. Currently, the injured worker complains of unchanged pain levels. She reported falling recently due to her legs giving out. Pain was rated 7 out of 10 with medication use and 8 out 10 without. Medications were documented as helping minimally. She also reported not sleeping well and upset stomach due to medications. She was pending psych clearance for spinal cord stimulator trial. The treatment plan included refill of medications, including Norco and Tramadol. Work status was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 1 tablet by mouth twice daily as needed, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for chronic pain Page(s): 78, 80.

**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, Tramadol 50 mg one PO b.i.d. as needed #60 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 diagnoses are lumbago; lumbar radiculopathy; anxiety, depression, headaches; failed back surgery syndrome; medication induced gastritis; chronic pain syndrome; knee pain and insomnia. Date of injury is June 29, 2006. The request for authorization is July 17, 2015. According to a progress note dated June 9, 2014, current medications included tramadol, Norco, Zanaflex, gabapentin and Elavil. Pain score was 8/10. The pain score remained on or about 8/10 through the most recent progress note dated June 24, 2015. Subjectively, there were no new symptoms with the pain score of 8/10. The injured worker sustained a recent fall because her legs gave out. The treatment plan did not contain a discussion of current medications and renewals. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There was no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, persistently elevated pain scores of 8/10, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Tramadol 50 mg one PO b.i.d. as needed #60 is not medically necessary.