MAXIMUS Federal Services

| Case Number: | CM15-0183953 | | |
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| Date Assigned: | 09/24/2015 | Date of Injury: | 09/23/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

## 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 34 year old male, who sustained an industrial injury on September 23, 2013. He reported pain in his neck and lower back. The injured worker was currently diagnosed as having C5-6 congenital narrowed central canal, right L5 PARS defect, closed head injury with abnormal CT scan and L1-S1 facet arthropathy. Treatment to date has included diagnostic studies, physical therapy, acupuncture, chiropractic care and medication. On May 5, 2015, the injured worker complained of neck pain and mid to low back pain. The pain was rated as a 10 on a 1-10 pain scale without medications. The injured worker was started on Tramadol medication due to ongoing complaints of pain. On July 27, 2015, the injured worker complained of neck pain rated as an 8 on a 1-10 pain scale both with and without medications. He also complained of headaches rated as a 10 without medications and an 8 on the pain scale with medications. The treatment plan included psychological consultation, right C5-6 selective nerve root block, left T1-2 selective nerve root block, Tramadol medication and a follow-up visit. On August 24, 2015, utilization review denied a request for Tramadol 50mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in September 2013 when he fell from a third floor on a construction site and is being treated for neck, mid back, and low back pain and headaches with secondary sequela. When seen, medications are referenced as decreasing low back pain from 8/10 to 10/10, headaches from 10/10 to 9/10, and neck pain as unchanged at 8/10. Physical examination findings included neck and lumbar tenderness and tenderness at the base of the skull. There was anterior cervical muscle tenderness. There was decreased pain with cervical traction. Lumbar facet loading was positive. Tramadol was being prescribed and was refilled at a total MED (morphine equivalent dose) of 20 mg per day. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing an overall clinically significant decrease in pain or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.