

<b>Case Number:</b>	CM15-0188844		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old male, who sustained an industrial injury on February 17, 2013, incurring low back, left knee and left ankle injuries. He was diagnosed with lumbar disc disease, and lumbar radiculopathy with disc herniation and a left tibia, fibular fracture. He underwent an open reduction internal fixation of the fracture. Treatment included physical therapy twice a week for four weeks, pain medications, anti-inflammatory drugs, muscle relaxants, sleep aides, physical therapy, transcutaneous electrical stimulation unit and modified activity with restrictions. Physical therapy only gave him temporary relief. Currently, the injured worker complained of persistent low back pain radiating into the left leg. He noted his left leg giving way at times. The injured worker reported increased muscle spasms and decreased range of motion. He was diagnosed with left peroneal neuropathy and lumbar radiculopathy. He complained of limited flexion and extension of the lower back. The treatment plan that was requested for authorization on September 21, 2015, included a prescription for Tramadol 150 mg #60. On September 14, 2015, a request for a prescription for Tramadol was determined to be not medical necessary by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #60:** Overturned

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Tramadol 150mg #60. The RFA is dated 09/21/15. Treatment included ORIF of left tibia fracture in 2013, physical therapy twice a week for four weeks, pain medications, anti-inflammatory drugs, muscle relaxants, sleep aides, physical therapy, transcutaneous electrical stimulation unit and modified activities. The patient is permanent and stationary and it is unclear if he has returned to work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The patient is status post ORIF of left tibia fracture from 2013, and continues to have pain in the lower extremity. He also complains of lower back pain with radiation of pain into the left leg. The patient has been prescribed Tramadol since at least 02/26/15. Report 02/26/15, 05/14/15, and 06/13/15 notes lower extremity pain as 7/10, low back pain as 5/10 and knee pain as 5/10. On 06/13/15, the treater stated that "medications facilitate significant increase in tolerance to activities." Report 08/15/15 states that examples of functional improvement include "greater range of motion" and ADLs including cooking, laundry, shopping for necessities, and light cleaning. The patient reported no side effects with medications and the treater states there are no aberrant behaviors. The patient had a consistent UDS on 01/29/15. The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consisted urine drug screening, and a lack of aberrant behavior. Given this patient's continued pain, surgical history, and adequate documentation of the 4As as required by MTUS, continuation of this medication is appropriate. The request is medically necessary.