

<b>Case Number:</b>	CM15-0201320		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Hawaii  
 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:

This is a 55 year old female who sustained an industrial injury on 4-8-2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical and thoracic myofascial pain, chronic lumbosacral sprain and depression. According to the progress report dated 8-25-2015, the injured worker complained of neck, upper and lower back pain. The injured worker rated the level of disability for self-care as 9 out of 10 without medication and 5 out of 10 with medication. Per the treating physician (8-25-2015), the injured worker was not currently working. Objective findings (8-25-2015) revealed paracervical tenderness, parathoracic tenderness and paralumbar tenderness. Thoracic and lumbar spasms were present. Treatment has included chiropractic treatment, acupuncture and medications (Tramadol since at least 11-2014). She was also taking Gabapentin. The treating physician indicates (8-25-2015) that there was no evidence of any aberrant drug taking behavior. The request for authorization was dated 8-25-2015. The original Utilization Review (UR) (9-16-2015) denied a request for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the neck, upper and lower back. The current request is for Tramadol 50mg #120. The treating physician states in the report dated 8/25/15, "The patient obtains pain relief and improved functioning from the Tramadol taken for pain. The patient is not having significant side effects from the medication. The patient has increased physical and psychosocial functioning as a result of taking this opiate medication. The patient has no aberrant drug taking behavior noted." (175B) for chronic opiate use, the MTUS Guidelines 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 page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.