

<b>Case Number:</b>	CM15-0206641		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 28 year old male who sustained an industrial injury on 10-24-13. The injured worker reported lumbar pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbosacral joint ligament sprain, lumbosacral or thoracic neuritis. Medical records dated 9-25-15 indicate pain rated at 7 out of 10. Provider documentation dated 9-25-15 noted the work status as remain off work until 10-25-15. Treatment has included Norco since at least April of 2015, Naproxen since at least April of 2015, Cyclobenzaprine since at least April of 2015, transcutaneous electrical nerve stimulation unit, Tramadol since at least April of 2015, heat therapy, stretches, acupuncture treatment, Baclofen since at least August of 2015, home exercise program, cognitive behavioral therapy, and chiropractic treatments. Objective findings dated 9-25-15 were notable for lumbar flexion with "mild-moderate psm", tenderness to palpation to light touch. The treating physician indicates that the urine drug testing result (9-3-14) showed no aberration. The original utilization review (10-8-15) denied a request for Tramadol HCL 50mg #20, 20 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #20, 20 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Functional improvement measures, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids (Norco and Tramadol), prescribed since at least April 2015 with persistent significant pain, remaining off work. The Tramadol HCL 50mg #20, 20 days is not medically necessary and appropriate.