

<b>Case Number:</b>	CM15-0024232		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/07/1974
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 66 year old male who sustained an industrial injury on 7/7/74 involving his lower back, bilateral hips, mental status changes, insomnia, posttraumatic stress disorder and skin cancer. He is currently complaining of worsening left lower extremity weakness, low back pain, and bilateral hip pain. His pain level is 4/10. Medications include trazodone and tramadol. He is able to perform activities of daily living and travel. Diagnoses include lumbar degenerative disc disease; lumbar facet arthropathy; post laminectomy syndrome; depression; insomnia; skin cancer; bilateral hip pain. Treatments to date include psychological sessions, medications; he has had 5 low back surgeries with hardware placement from T 10 to S2 and bilateral hip replacements. Progress note dated 1/7/15 indicates the treating provider does not agree with denial of the injured workers tramadol because he has weaned down his dosage and is stable with his current plan of care. On 1/20/15 Utilization Review non-certified the request for Tramadol 50 mg # 90 with 3 refills and Tramadol 100 mg # 30 with 3 refills citing MTUS: Chronic pain Medical treatment Guidelines: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg # 90 with three refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 01/07/2015 report, this patient presents with lower back, bilateral hips, mental status changes, insomnia, PTSD and skin cancer. The current request is for Tramadol 50mg #90 with three refills and the Utilization Review modified to 68 Tramadol 50MG and states it is recommended for the patient to be placed on an appropriate weaning schedule if one has not been provided. The request for authorization is on 01/08/2015. The patients work status was not mention in the provided reports. For chronic opiate use, 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. The medical reports provided for review indicate that the patient has been on this medication since 10/02/2013; it is unknown exactly when the patient initially started taking this medication. The treating physician states that the patient continues to stay active with traveling with wife, performing household chores, and running errands. The patient rates his pain level as 4-7/10, depending on his activity level and whether he has taken medication. The treating further states no changes were made due to being stable on his current regimen which helps his daily function and without adverse side effects. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**Tramadol 100 mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 01/07/2015 report, this patient presents with lower back, bilateral hips, mental status changes, insomnia, PTSD and skin cancer. The current request is for Tramadol 100mg #30 with three refills. The Utilization Review denial letter state s The submitted documentation confirms that the patient was prescribed Tramadol 50mg up to a maximum of 4 tablets/day and he has successfully weaned to a maximum of 3 tablets/day. The addition of Tramadol 100mg would result in an increase in the patient's total daily consumption of tramadol, which would be greater than the amount he utilized prior to his recently accomplished weaning. Given that the patient has not suffered from increased pain levels, an increase in Tramadol is not medically necessary." For chronic opiate use, 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 reviewing the medical reports provided, there is no mention of Tramadol 100mg usage; it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient continues to stay active with traveling with wife, performing household chores, and running errands. The patient rates his pain level as 4-7/10, depending on his activity level and whether he has taken medication. The treating further state no changes were made due to being stable on his current regimen which helps his daily function and without adverse side effects. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.