

<b>Case Number:</b>	CM15-0024889		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<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 33 year old, male patient, who sustained an industrial injury on 05/24/2012. A pain medicine re-evaluation visit dated 12/24/2014 reported the patient with subjective complaint of neck pain that is aggravated by activity and walking. Low back pain that radiates down the bilateral lower extremities; right greater than left. This is also accompanied by occasional numbness. Objective findings showed the patient using a cane and with slow gait. The lumbar region found no gross abnormality and spasm in the paraspinal muscles. The pain noted with significant increase upon flexion and extension. A straight leg raise while seated was found positive on the right for radicular pain at 50 degrees. Also noted positive for facet signs at L3-S1. Magnetic resonance imaging performed on 08/13/2012 showed L2-3 1-2mm bilateral paracentral disc bulge; L3-4 1-2mm diffuse disc bulge with mild facet arthropathy and partial narrowing of the thecal sac. L4-5 1-2 mm disc bulging with narrowing of the thecal sac and neural foramina mostly seen on the left. Partial impingement of the nerve root in the proximal portion of the exiting nerve root. Lastly, L5-S1 1-2 mm disc bulge with mild to moderate facet arthropathy. He is diagnosed with lumbar facet arthropathy and lumbar radiculopathy. A request was made for Tramadol 50 MG. On 01/15/2015, Utilization Review, non-certified the request noting the CA MTUS Chronic Pain Guidelines, Opioids were cited. The injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use; Weaning of Medicat.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**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 change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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 opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 prescription of Tramadol 50mg #60 is not medically necessary and appropriate.