

<b>Case Number:</b>	CM15-0027852		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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:

The injured worker is a 33 year old male with an industrial injury dated 08/02/2012 (records indicate 07/31/2012) while picking strawberries. His diagnoses include left L5 and S1 radiculopathy, lumbar spondylosis and disc protrusions, and extrusion C3-4 with neural encroachment and radiculopathy. Recent diagnostic testing has included electrodiagnostic testing (02/08/2013) showing neurological abnormalities of the left leg, MRI of the lumbar spine (02/13/2013) showing no neurological compression, repeat lumbar MRI (09/26/2013) showing no disc or foraminal compromise of the nerves, MRI of the lumbar spine (07/09/2014) showing mild degenerative disc disease, and electrodiagnostic studies of the upper extremities (09/02/2014) showing neurological abnormalities. Previous treatments have included conservative care, medications, lumbar epidural steroid injections (04/14/2014), and diagnostic facet blocks to the lumbar spine (07/02/2014). In a progress note dated 01/03/2015, the treating physician reports low back pain (rated 7/10) with left lower extremity symptoms, and cervical pain (rated 6/10) with left greater than right upper extremity symptoms, and noted that there was significant decrease in pain and greater function and activity level with medications. The objective examination revealed tenderness to the lumbar and cervical spines, limited range of motion, spasm of the paraspinal musculature decrease, diminished sensation in the left dermatomal distributions at L4-S1, and positive straight leg raises on the left. The treating physician is requesting XXX which was/were denied/modified by the utilization review. On 02/02/2015, Utilization Review non-certified/modified a prescription for tramadol HCL ER tablets 100mg #60, noting the lack of objective functional benefit from the use of this

medication, absence of reported average level of pain since the last visit, and no request for a psychological evaluation with concerns for depressive behavior. The MTUS ACOEM Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of tramadol HCL ER tablets 100mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150 milligrams #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 88-89.

**Decision rationale:** The patient presents with low back pain rated 7/10 with left lower extremity symptoms, and cervical pain rated 6/10 with left greater than right upper extremity symptoms and significant decrease in pain and greater function and activity level with medications. The current request is for Tramadol ER 150 milligrams #60. Tramadol is a narcotic-like pain reliever. MTUS guidelines support the usage of Tramadol ER and states, Tramadol is indicated for moderate to severe pain. The treating physician states on 1/3/15 (B87), Tramadol ER two PO pd, or 300 mg/day does result in four point average diminution in pain on a scale of 10. Greater range of motion and improved tolerance to exercise. Recalls examples when ADLs had at times been in jeopardy before tramadol ER on board. Has facilitated taper of immediate release Schedule 2 opioid narcotic drug to 2-3 per day, prior to tramadol ER patient had at times exceeded 6/day. Denies sides effects with tramadol ER. 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 4As (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 clinical history has documented the required criteria for opioid usage. In this case, the treating physician has documented the required 4 As for continued opioid usage. The current request is medically necessary and the recommendation is for authorization.