

<b>Case Number:</b>	CM15-0031001		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 73 year old female, who sustained a work/ industrial injury on 4/1/99. Mechanism of injury was not reported. She has reported symptoms of low back pain and stiffness that was exacerbated with cold weather. Prior medical history was not documented. The diagnoses have included s/p lumbar decompression with acute exacerbation, s/p cervical fusion, multilevel, s/p bilateral carpal tunnel releases, and psychological distress. Treatments to date included medications, heating pad Transcutaneous Electrical Nerve Stimulation (TENS) unit, psychotherapy, and orthopedic follow-up. Diagnostics included a chest x-ray that was clear. Medications included Norco, Tramadol, Nuvigil, Ambien, and Sertraline. The treating physician indicated lumbar spine tenderness of the paravertebral muscles, decreased lumbar range of motion, negative bilateral sitting straight leg raise, and intact global strength of the lower extremities. Forward flexion was 45 degrees, extension was 10 degrees, and lateral bending was 30 degrees. There was tenderness in the posterior cervical and bilateral trapezial musculature with forward flexion within 1 fingerbreadth of chin to chest, extension to 10 degrees, and lateral rotation to 70 degrees. A request was made on 1/15/15 for Tramadol for chronic low back pain. On 2/17/15, Utilization Review non-certified a 1 prescription of Tramadol 50mg #60 with 2 refills, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

### 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 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using both Norco and Ultram (tramadol) daily to help treat her chronic low back pain, however, there was insufficient documentation suggesting the opioid review listed above was completed in the recent few visits with the provider. In particular, there was no comments in the progress notes regarding tramadol and its effects on her pain or overall function in a measurable way, which is required at least periodically in order to justify continuation of this medication. Therefore, the tramadol will be considered medically unnecessary at this time.