

<b>Case Number:</b>	CM15-0031164		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial injury on 2/8/2013. He reports a slip and fall. Diagnoses include chronic low back pain, lumbar degenerative disc disease, right shoulder sprain/strain, right cervicalgia and myofascial pain syndrome. Treatments to date include physical therapy, epidural steroid injection and medication management. A progress note from the treating provider dated 1/28/2014 indicates the injured worker reported low back pain that radiated to the right leg and right shoulder pain. On 2/2/2015, Utilization Review modified the request for Tramadol Hcl 50 mg #90 to #30, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. A note dated January 28, 2015 indicates that the patient states that his pain is not controlled with medications. Utilization Review attempted to contact the treating provider for clarification of the request, but according to the records, no contact was made for clarification. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up, specifically with plans toward working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. Without clarification as to the increased dosing and expectations for future management in light of chronic opioid use, the request for increased dosing of tramadol cannot be considered medically necessary at this time.