

<b>Case Number:</b>	CM15-0032880		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Pennsylvania

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 64 year old female, who sustained an industrial injury on 10/16/2003. Currently she reported for follow-up, with complaints of dull, achy, intermittent, radiating back pain, improved on Tramadol. The injured worker has been diagnosed with, and/or impressions were noted to include: degenerative lumbar/lumbosacral intervertebral disc disease; and chronic pain syndrome. Treatments to date have included consultations; diagnostic magnetic resonance imaging; physical therapy that helped temporarily; daily stretching and exercise; and medication management that help a lot. The injured worker was also noted to have reported muscle aches and arthralgia's/joint pain, and requested only continued conservative treatment with the continuation of medications to manage her pain and symptoms. It is noted that she is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 60 with three refills:** Upheld

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

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

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for tramadol. Statements such as "pain is stable and well controlled on tramadol" are not sufficient to establish medical necessity for an opioid.