

<b>Case Number:</b>	CM15-0038412		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 28-year-old male who reported an injury on 07/11/2014 due to a fall into a trench. On 12/30/2014, he presented for a follow-up evaluation. He reported pain in the low back with associated stiffness, tightness, muscle spasms, and occasional burning sensation in the paralumbar musculature. A physical examination of the lumbar spine showed no tenderness to direct palpation and no muscle spasm. Range of motion was noted to be 80% of normal with flexion, 70% with extension, right lateral bending to 90% and left lateral bending to 95%. Straight leg raise was negative bilaterally and deep tendon reflexes were a 2+ bilaterally in the knees and ankles. Motor examination showed 5/5 and sensation was normal in all dermatomes. X-rays taken of the lumbar spine showed no fractures or dislocations. The treatment plan was for tramadol HCl 50 mg #60 with 3 refills. The rationale for treatment was to treat the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, When to Discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. There is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. In addition, the frequency of the medication was not stated within the request. Furthermore, three refills of this medication would not be supported without a re-evaluation to determine the medical necessity of additional use. Therefore, the request is not supported. As such, the request is not medically necessary.