

<b>Case Number:</b>	CM15-0042169		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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 25-year-old female, who sustained an industrial injury on 05/12/2013. She reported injuries to her head, lower back, and right foot. The injured worker is currently diagnosed as having lumbago and lumbar radiculopathy. Treatment to date has included electromyography/nerve conduction studies of the bilateral lower extremities and medications. In a progress note dated 12/19/2014, the injured worker presented with complaints of pain in the lower back and right foot with radiation to the right leg. The treating physician reported recommending chiropractic physiotherapy and acupuncture therapy along with prescribing Naproxen, Gabapentin, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back and right foot pain radiating to the right leg. The physician is requesting tramadol 50 mg quantity 60. The RFA was not made available for review. The patient's date of injury is from 05/12/2013 and she is currently on modified duty. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 11/14/2014. The 12/19/2014 progress report notes that the patients average pain is 7/10, least pain 5/10 and worst pain 9/10. None of the reports discuss specifics regarding activities of daily living. There are no reports of any side effects. There are no before and after pain scales to show analgesia. The urine drug screen from 09/05/2014 and 12/19/2014 show inconsistent results. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request is not medically necessary.