

<b>Case Number:</b>	CM15-0056844		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who sustained an industrial injury on 06/11/2013. The injured worker was diagnosed with lumbar radiculopathy, lumbar disc disease, multiple level cervical disc herniations and cervicalgia. Treatment to date includes diagnostic testing, epidural steroid injections (ESI), physical therapy, back brace and medications. The injured worker is status post lumbar decompression and disc surgery times 2 prior to current injury, 3 right knee surgeries in 1988, left knee replacement 2007 and methadone treatment (1988 injury). According to the primary treating physician's progress report on March 10, 2015, the injured worker continues to experience increasing pain and weakness in the left leg. The injured worker rates his neck pain level at 6/10 with medications and 9/10 without medications. He is unable to turn his neck without pain. He has requested increasing Norco. He complains of low back pain that radiates down to the left leg to the ankle with numbness. Examination demonstrated bilateral tenderness and spasms of the cervical and trapezius muscles bilaterally with decreased range of motion and 5+ and equal motor strength of the bilateral upper extremity. The lumbar spine noted bilateral tenderness and spasm of the L3-L5 paraspinal muscles with decreased range of motion and 4+ and equal motor strength of the lower extremities slightly worse on the left. There is pain with extension of the back localized to the lumbar facet joints. Decreased sensation was documented along the right and left lateral leg with decreased deep tendon reflexes in the bilateral lower extremities. The injured worker uses a single pointed cane for ambulation. Current medications are listed as Norco, Tramadol ER, Gabapentin, Flexeril, Fenoprofen, Lidocaine Patches and topical analgesics. A January 13, 2015 urine drug screening

documented inconsistent results. Treatment plan consists of increasing pain medications with the current request for Tramadol ER 150mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of TRAMADOL ER 150 mg #60 is not medically necessary.