

<b>Case Number:</b>	CM13-0031996		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 57 year-old female who reported an injury on 02/04/2011. The mechanism of injury was a jarring of the back when the patient missed a step coming down on a ladder. The patient had complained of back pain. The patient was diagnosed with right-sided disc herniation at L3-4, right shoulder rotator cuff tendonitis and lumbar discopathy with radiculopathy and hip trochanteric bursitis. The patient has been treated with intramuscular injections of Toradol and vitamin B-12, physical therapy, and medication management all with little improvement of her symptoms. The patient continues to complain about low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 mg, #30 one po qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram<sup>®</sup>) Page(s): 94.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment guidelines state that "extended release" long-acting opioids are used to stabilize medication levels, and provide around-the-clock analgesia. The clinical documentation submitted for review states that the Tramadol ER is

utilized for the patient's mild pain but does not indicate any other non-opioid medications the patient may be treated with as the guidelines recommend as part of a treatment plan for opioid use. The clinical documentation submitted for review also indicates that the patient is not having relief from this medication regime.

**Norco 10/325 mg #60 one po q 6-8 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

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

**Decision rationale:** The clinical documentation submitted for review states that the patient continues to have significant pain to the low back sometimes with radiating symptom to the left lower extremity. The patient has tenderness, spasms and tightness to the lumbar spine, with reduced range of motion. The patient has been treated with intramuscular injections of Toradol and vitamin B-12, physical therapy, and medication management all with little improvement of her symptoms. Chronic pain patients need to show pain relief and increase in function. The clinical documentation does not show documented decrease in the patient's pain level or an increase in the patient's level of function as recommended in the guidelines.