

<b>Case Number:</b>	CM14-0123050		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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/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 injured worker is a 49-year-old male who reported an injury on 02/02/2014, which was caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery, EMG/NCV studies, and MRI studies. He was evaluated on 08/21/2014, and it was documented the injured worker complained of a lumbar spine pain and left leg pain. Objective findings revealed positive muscle spasms and triggers flare up. Left paraspinal and left gluteal gait with cane. Medications included Tramadol, Lorcet, and Lidoderm gel 1%. Diagnoses included lumbar disc displacement, lumbago, unspecified enthesopathy knee, and enthesopathy hip region. A Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325 mg, QTY: 60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other care givers should be considered in determining the patients response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic low back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, antidepressants and or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain maybe added to but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDS, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens or collateral contacts. The clinical information submitted failed to meet the evidence based guidelines for the use of opioids. The request failed to include frequency and duration of medication. Therefore, the request is not medically necessary.