

<b>Case Number:</b>	CM14-0145229		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal medicine and is licensed to practice in North Carolina, Colorado, California, Kentucky, and Texas. 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 51-year-old injured on September 16, 2013 while carrying a 50 lb. toilet down stairs resulting in a sudden onset of low back pain with eventual onset of right lower extremity symptoms to include calf and right heel pain. The injured worker was initially treated with medications, physical therapy, chiropractic therapy, and bilateral L4-5 epidural steroid injection on June 3, 2014. Diagnoses include lumbar radiculopathy, lumbar discogenic pain, and lumbar strain/sprain. Clinical note dated July 25, 2014 indicated the injured worker presented complaining of low back pain with leg pain and right foot pain. The documentation indicated slight benefit of approximately 50% following a lumbar epidural steroid injection. Physical examination reveals tenderness to palpation of the lumbar paraspinal muscles, decreased range of motion, flexion 30 degrees, and extension 20 degrees. Treatment plan included continued home exercise program, possible repeat lumbar epidural steroid injection, follow up with pain management, possible permanent work restrictions, and prescriptions for Voltaren 100mg #30 and Tramadol 50mg #60. Clinical note dated September 5, 2014 indicated the injured worker presented complaining of low back pain status post epidural injection with intermittent symptoms. Objective findings included tenderness to palpation in the lumbar spine paraspinal musculature, flexion 30 degrees, and extension 20 degrees with pain. Treatment plan included follow up with pain management, continue home exercise program, and continued evaluation. Prior documentation indicated inconsistent urine drug screens for the presence of Tramadol. The initial request was non-certified on August 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-80 OF 127.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, the documentation indicated inconsistent urine drug screens not addressed in the clinical documentation. Therefore, the request for Tramadol 50 mg, sixty count, is not medically necessary or appropriate.