

<b>Case Number:</b>	CM14-0151246		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is female with date of injury 1/10/2006. Per primary treating physician's re-evaluation and procedure note dated 8/21/2014, the injured worker reports increasing pain in the low back and lower extremities. She states she has completed her aquatic therapy two weeks ago. She is reporting decrease in pain an improvement in function during therapy. Since therapy has ended, she has noticed a return of increased pain in the low back as well as shooting into the lower extremities. She describes her pain as burning with "violent spasms". She state that her symptoms are so bad that she is requesting a Toradol injection. She continues to utilize tramadol 50 mg twice daily for pain, and reports that this medication is helpful but does not last long enough. On examination of the low back there is tenderness with mild spasm in the paralumbar muscles. There is decreased range of motion of the lumbar spine limited by pain. She ambulates with a marked labored gait and use of a cane. Diagnoses include 1) chronic low back pain 2) status post hemilaminectomy at L5-S1 with epidural fibrosis, facet arthropathy, and markedly narrowed left neuroforamen 3) multilevel lumbar degenerative disc disease with central canal and neural foraminal stenosis 4) transitional anatomy at the lumbosacral junction with hyperlordosis 5) bilateral lower extremity radicular pain and weakness with falls approximately three to four times per week 6) intermittent urinary incontinence one to two times per week, bowel incontinence approximately one time per week 7) insomnia 8) situational depression 9) bilateral knee pain 10) vitamin B12 deficiency probably secondary to previous chronic use of proton pump inhibitor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioids Page(s): 84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports benefit with Tramadol, but the duration of benefit is reported as too short. Aberrant drug behavior is not addressed with this request, but progress note dated 6/3/2014 reports that the injured worker continues to be prescribed narcotic medication and was last tested for a urine drug screen on 7/9/2013 and was found to be consistent. Urine drug screen collected 5/12/2014, and reported 5/15/2014, is positive for THC at 408 ng/mL with no other drugs detected. The requesting physician does not address this urine drug screen. The injured worker has been injured for over 8 years, and now the opioid dosing is being increased without evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 100mg #30 is determined to not be medically necessary.