MAXIMUS Federal Services

| Case Number: | CM14-0160772 | | |
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| Date Assigned: | 10/03/2014 | Date of Injury: | 01/05/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

## 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 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:

The injured worker is a 57-year-old male who reported an injury on 01/05/2010. The mechanism of injury occurred when a 400 pound barrel fell on him. The diagnoses included lumbar radiculopathy, lumbar spondylolisthesis, cervical disc syndrome, right shoulder impingement, and situational depression with anxiety. Past treatments included medication and psychotherapy. An official urine drug screen was obtained on 05/29/2014, and revealed negative results for all areas tested. Pertinent surgical history was not provided. The clinical note dated 08/26/2014 indicated the injured worker complained of muscle spasms and pain. He rated the pain 5/10 with medications and 8/10 without medications. The physical exam dated 07/24/2014 indicated trigger points and decreased range of motion in the cervical spine, and positive straight leg raise. Current medications included Tramadol 50 mg, Zanaflex 4 mg, Omeprazole 20 mg, Motrin 600 mg, and Tizanidine 4 mg. The treatment plan included Tramadol 50 mg 1 tablet by mouth twice a day as needed quantity 60. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 08/26/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg 1 tablet by mouth twice a day as needed qty: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed,

www.RxList.com, the ODG Workers Compensation Drug Fmulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Tramadol 50mg 1 tablet by mouth twice a day as needed Qty: 60 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical note dated 08/26/2014 indicated the injured worker complained of pain and spasms. He rated the pain 5/10 with medications and 8/10 without medications. He stated he felt he had slightly improved in the ability to go for longer walks, but was still restricted from doing exercise and bending forward. There is a lack clinical documentation to indicate significant functional improvement, as well as at least 50% pain relief while taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Tramadol 50mg 1 tablet by mouth twice a day as needed Qty: 60 is not medically necessary.