

<b>Case Number:</b>	CM14-0162130		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 26-year-old female who reported an injury on 10/31/2012. The mechanism of injury was not provided. On 09/21/2014, the injured worker presented with low back pain radiating periodically to the bilateral legs. Current medications included Norco. The diagnoses were lumbosacral joint ligament sprain/strain, dislocation subluxation on the sacrum and lumbalgia and lumbar intervertebral disc without myelopathy. Upon examination there was mild lumbar spine tenderness upon palpation. The provider recommended tramadol, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use of side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.