

<b>Case Number:</b>	CM14-0182456		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Interventional Spine 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 patient is a 34-year-old male with an injury date of 06/16/2014. Based on the 08/06/2014 progress report, the patient complains of having lower back pain. He has a positive straight leg raise, a positive Lasgue test, and a right tender sacroiliac joint. The 10/10/2014 report indicates that the patient has pain in his upper back, mid back, and lower back. The pain is associated with tingling and numbness. The patient rates his pain as an 8/10 on average and describes his pain as being sharp, electric-like, and burning with muscle pain, pins and needles sensation and sweating. In regards to the lumbar spine, rotation is limited. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is diminished sensation in the left L5 and S1 dermatomes of the lower extremities. The patient is diagnosed with lumbar radiculitis secondary to L4-L5 disk extrusion. The utilization review determination being challenged is dated 10/24/2014. Treatment reports were provided from 06/16/2014 - 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride ER 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 88, 89, 76-78.

**Decision rationale:** According to the 10/10/2014 progress report, the patient presents with having pain in his upper back, mid back, and low back. The request is for tramadol hydrochloride ER 100 mg. MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior) as well as "pain assessment" for outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treating physician provides pain scales indicating "8/10" pain on 10/10/14 report. However, no analgesia is provided attributed to the use of Tramadol. Review of the reports does not provide any recent urine drug screens for opiate monitoring. The treating physician does not specifically discuss any changes in ADLs the patient has had and there are no discussions provided on side effects/adverse behavior. MTUS requires documentation of all 4A's when opiates are used for chronic pain. Recommendation is that the request is not medically necessary.