

<b>Case Number:</b>	CM14-0184342		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Management 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 58 year old male with an injury date on 10/07/08. Based on the 10/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Low back pain 2. Lumbar stenosis 3. Lumbar degenerative disc disease 4. Chronic pain syndrome 5. Numbness 6. Muscle pain 7. Lumbar radiculitis. According to this report, the patient complains of low back pain. Pain increases when he bends or lifts. Exam findings show increased pain with flexion and extension at lumbar spine. Patient had a lumbar epidural steroid injection (LESI) done on 02/24/2014 with more than 50% of pain relief in the low back." There were no other significant findings noted on this report. The utilization review denied the request on 10/23/2014. The requesting provider provided treatment reports from 03/17/2014 to 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013: Tramadol (Ultram, Ultram ER, Generic Available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria For Use Of Opioids Page(s): 60-61; 76-78; 88-89.

**Decision rationale:** According to the 10/21/2014 report by the treating physician, this patient presents with low back pain. The treater is requesting for Tramadol ER 150 mg #60. Tramadol was first mentioned on 03/17/2014 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, activities of daily living (ADL's), adverse side effects, adverse behavior) is required. Furthermore, under outcome measure , it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of reports show the "patient feels the medications improve his quality of life, allow him to continue to work, and allow him to complete his ADL's. The pain is as 4-5/10 on a VAS without medications and a 2-3/10 with pain medications." There is no opiate monitoring such as urine toxicology or CURES. In this case, reports show documentation of pain assessment using a numerical scale describing the patient's pain. The patient appears to be working and doing well. However, there is no documentation or aberrant behavior monitoring such as UDS's, CURES. Without the documentation of all four A's, ongoing opiate use is not supported. Therefore, the medication requested is not medically necessary and appropriate.