

<b>Case Number:</b>	CM13-0030891		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/18/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained a work related injury on 09/18/2011. According to a progress report dated 08/12/2013, the injured worker complained of pain in his back radiating to his left lower extremity. Physical examination demonstrated tenderness to palpation to the lumbar paraspinals. Spasm was present. Guarding was absent. The injured worker could flex to 40 degrees and extend to 20 degrees. Motion caused pain. There were patchy sensory deficits involving the left lower extremity. The straight leg raise maneuver was positive on the left and negative on the right. There was no weakness or atrophy involving the lower extremities which followed a myotomal pattern. Diagnoses included L4-5 and L5-S1 stenosis with left lower extremity radiculopathy. Treatments have included rest, medications, and therapy, bracing and epidural steroid injections. Recommendations included a decompressive procedure on the left at L4-5 and L5-S1. According to the provider, the injured worker should be considered temporarily totally disabled as he is unable to perform his normal and customary duties and appropriate modified duties have not been made available. A urine toxicology review dated 03/05/2013 was submitted for review revealed the use of Tramadol. On 09/06/2013, Utilization Review non-certified Tramadol HCL 50mg #90 x 3 refills. According to the Utilization Review physician, the injured worker had been taking Tramadol on a chronic basis without functional or pain improvement noted. Additionally, the provider was requesting three refills without evidence of reevaluation to determine efficacy and appropriateness of use between refills. The requested Tramadol does not meet criteria. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg tab #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #90 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Patients should set goals and the continued use of opiates should be contingent on those goals. In this case, the injured worker's working diagnosis is L4 - L5 and L5 - S1 stenosis with left lower extremity radiculopathy. Subjectively, the injured worker complains of back pain radiating to the left lower extremity. Objectively, the lumbar paraspinal muscle groups are tentative help patient's spasm. Range of motion causes pain. There are patchy sensory deficits in the left lower extremity. The progress note dated August 12, 2013 does not have any medications listed. There is no documentation of war requests made for medications. A urine drug screen from March 5 of 2013 detected tramadol. There are no pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of objective functional improvement associated with the ongoing use of tramadol. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of tramadol, no pain assessments and no risk assessments, tramadol 50 mg #90 with three refills is not medically necessary.