

<b>Case Number:</b>	CM14-0207456		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/29/1995
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

12/15/14 note reports chronic pain in the neck and right upper extremity. There is a h/o prior cervical fusion at C5-6 and C6-7. MRI of 1/23/12 is reported to show right paracentral disc osteophyte complex slightly pressing on the spinal cord and causing right side foraminal stenosis. There is chronic pain in the low back and lower extremity. The insured is reported to have ability to do activities of daily living and is able to go to the gym and exercise with medication. There is no reported side effect or adverse event from medications and no reported aberrant behaviors. Pain is reported to go to 3/10 with use of tramadol. Without the medication the insured does not do as much physical activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 2 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Opioids

**Decision rationale:** The medical records provided for review support the insured is assessed for response of pain and has a chronic degenerative musculoskeletal pain condition with neurologic

injury that is reported to positively respond to treatment with opioid with improved functional ability. There are no noted side effects and opioid mitigation program is in place with UDS testing. ODG guidelines support opioids when there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. As such the medical records support the use of opioids congruent with ODG guidelines. The request is medically necessary.