

<b>Case Number:</b>	CM14-0217094		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year-old male, who was injured on May 14, 2012, while performing regular work duties. The injured worker has continued complaint of chronic headache, upper and lower back pain, and radicular symptoms to the lower extremities. The injury occurred while the injured worker was working on a construction site and a board was dropped onto the head. An evaluation by [REDACTED] on December 2, 2014, indicates other medical records were reviewed by this physician. The records mentioned by [REDACTED] are not available for this review. [REDACTED] indicates the injured worker has sustained some hearing deficit on the right side. [REDACTED] also indicates the injured worker has received treatment which included cognitive behavioral therapy, electromyography and nerve conduction studies, Otorhinolaryngology (ENT) specialist evaluation, audiology testing, radiological evaluations, and medications. The injured worker's medications are noted to be Neurontin 300 mg, Motrin 600 mg, Amitriptyline 10 mg, Tramadol 50 mg, and Zantac 150 mg for gastric prophylaxis. The record provided for this review does not indicate how long the injured worker has been taking these medications. [REDACTED] indicates that the injured worker has approximately a 40 % reduction in neck and back pain with the Tramadol and Motrin. [REDACTED] notes a magnetic resonance imaging of the lumbar spine was completed on October 15, 2012, which reveals a disc protrusion that touches a bilateral traversing nerve. The magnetic resonance imaging report is not available for this review. [REDACTED] notes physical findings as no tenderness of the cervical spine, tenderness in the thoracic spine region, tenderness in the lumbar spine. [REDACTED] also notes the injured worker has a reduced sensation to light touch in the L4 and L5 dermatomes of the right lower extremity, and reduced sensation to light

touch in the C6 distribution of the right upper extremity. The Utilization Review indicates an evaluation was completed on October 10, 2014, in which the physician recommended a reduction of Tramadol to twice daily. The request for authorization is for Tramadol HCL 50 mg, four times daily as needed, quantity #120 with one (1) refill. The primary diagnosis is low back pain. Related diagnoses are post-concussion syndrome, bilateral sciatica, and lumbar degenerative disc disease. On November 26, 2014, Utilization Review provided a modified certification of Tramadol HCL 50 mg, four times daily as needed, quantity #120 with no refills, based on MTUS, Chronic pain guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 50mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-16, 18, 67-68 & 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 50mg #120 with 1 refills is not medically necessary and appropriate.