

<b>Case Number:</b>	CM14-0217702		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/20/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/11/2014
<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 43 year old female, who sustained an industrial injury on May 20, 1999. She has reported severe pain in the lower extremities with associated weakness, numbness, tingling and pitting edema. The diagnoses have included post-laminectomy syndrome of the thoracic region. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention, lifestyle modifications, conservative therapies, work restrictions and pain medications. Currently, the IW complains of severe pain in the lower extremities with associated weakness, numbness, tingling, pitting edema and insomnia. The injured worker reported an industrial injury in 1999, resulting in severe, chronic lower extremity pain with associated weakness, numbness, pitting edema and insomnia. She was noted to have failed conservative therapies and underwent surgical intervention without a resolution of pain. She noted needing morphine daily for breakthrough pain to remain functional. On December 3, 2014, evaluation revealed continued, severe pain with lower extremity pitting edema. A urine drug screen was consistent with prescriptions. The physician recommended discontinuing the one time per day morphine tablet and starting tramadol for pain coverage. On December 11, 2014, Utilization Review non-certified a request for Tramadol 50mg #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 26, 2014, the injured worker submitted an application for IMR for review of requested Tramadol 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic pain. The patient has postlaminectomy syndrome in the thoracic spine. The treater is requesting TRAMADOL 50 MG QUANTITY 120. The patient's date of injury is from 05/20/1999, and her current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. There is no documentation stating when the patient started taking Tramadol; however, the UR letter from 12/11/2014 shows that the patient's current medication includes Neurontin, tramadol, and Ambien. The 08/13/2014 progress report shows that the patient's symptoms are chronic and are fairly controlled. Analgesia is fairly adequate with her medications. She reports no side effects. There has been no clinical evidence of diversion, malingering, or aberrant drug seeking behavior. The patient states that the use of medications has improved her quality of life and increased overall daily functionality. A UDS was collected on this report date. None of the reports provide before-and-after pain scales to show analgesia. There are no specific discussions regarding ADLs, and no urine drug screen or CURES report was provided for review to show medication adherence. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.