

<b>Case Number:</b>	CM14-0088281		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 2004. In a Utilization Review report dated May 13, 2014, the claims administrator failed to approve requests for Tylenol No. 4 and tramadol. An April 23, 2014 progress note was referenced in the determination. The claims administrator did apparently furnish a partial approval of Tylenol No. 4 for weaning or tapering purposes. The applicant's attorney subsequently appealed. On May 21, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Tylenol No. 4 three times daily for breakthrough pain and tramadol extended release twice daily, the treating provider reported. The applicant did have derivative complaints of depression and anxiety superimposed on primary complaint of low back pain. 8/10 pain with medications versus 10/10 pain without medications was reported. The attending provider appealed the previous denials. In another section of the report, the attending provider stated, somewhat incongruously, that the applicant's pain complaints were 10/10 without medications versus 7/10 with medications. The attending provider stated that the applicant's ability to shop for groceries and prepare her meals was ameliorated as a result of ongoing medication consumption. The applicant's work status was not furnished, although the applicant did not appear to be working. In a June 17, 2014 progress note, the applicant was again described as using both Tylenol No. 4 and tramadol for pain relief. The attending provider posited that the applicant would be bedridden without her medications. Permanent work restrictions were renewed. Once again, it was not explicitly stated whether the

applicant was or was not working with said limitations in place, although this did not appear to be the case.

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

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

**Tylenol 4, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Tylenol No. 4, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with permanent restrictions in place, as suggested above. The attending provider's commentary on May 24, 2014 to the effect that the applicant's pain scores were reduced from 10/10 without medications to 8/10 with medications appeared to be a marginal-to-negligible benefit, once which was outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid consumption. The attending provider's commentary to the effect that the applicant would be bedridden without her medications did not, in and of itself, constitute evidence of a meaningful or material improvement in function achieved as a result of ongoing opioid usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Tramadol ER 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions. The attending provider's reports of reduction of pain scores from 10/10 without medications to 8/10 with medications appeared to be a marginal-to-negligible benefit, one which was outweighed by the applicant's seeming failure to

return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage. The attending provider's commentary to the effect that the applicant would be bedridden without medications did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing medication consumption, including ongoing tramadol consumption. Likewise, the attending provider's reports of the applicant's improved ability to prepare her own meals with medication consumption likewise did not represent a meaningful, material, or significant improvement in function associated with ongoing tramadol usage. Therefore, the request is not medically necessary.