

<b>Case Number:</b>	CM15-0014688		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old female who reported an injury on 10/12/2008. The mechanism of injury involved a fall. The current diagnoses includes sacroiliitis and chronic pain. The injured worker presented on 12/09/2014 for a followup evaluation. Upon examination, there was marked tenderness of the left SI joint, 5/5 motor strength in the bilateral lower extremities, an antalgic gait, and positive Faber testing on the left. Recommendations included continuation of the current medication regimen of diclofenac, tramadol ER, and Protonix. A Request for Authorization was then submitted on 12/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL Tab 100mg ER Day Supply: 30 Qty: 30 Refills: 00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of non-opioid analgesics. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.