

<b>Case Number:</b>	CM15-0113133		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: 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 31-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 19, 2010. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for tramadol. The claims administrator referenced a May 7, 2015 progress note in its determination. In a handwritten note dated December 29, 2014, the applicant reported ongoing complaints of low back pain, predominantly mechanical, 8/10, it was noted. The applicant's pain complaints were constant. Soma and methadone were renewed. The applicant's work status was not outlined. In a May 18, 2015 medical-legal evaluation, the medical-legal evaluator noted that the applicant was off of work. The applicant had exhausted total temporary disability benefits, it was reported. The applicant was living with her mother. The applicant's application for Social Security Disability Insurance (SSDI) had reportedly been denied. 8/10 pain complaints were noted. The applicant was no longer walking for exercise. The applicant was no longer participating in hobbies. Driving, lifting, sitting, standing, and walking, all remained problematic, it was reported. In a handwritten note dated March 5, 2015, Soma and methadone were renewed, again, without any seeming discussion on medication efficacy. There was no mention of the applicant's using tramadol on this date. On February 16, 2015, the applicant reported ongoing complaints of low back pain, 8/10, status post recent failed lumbar epidural steroid injection. The applicant was using Norco and Soma for pain relief, it was reported. In a handwritten note dated May 7, 2015, the applicant was placed off of work. Severe, 9/10 pain complaints were reported. Tramadol was prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Tramadol 50mg #150 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12-13, 83 and 113.

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

**Decision rationale:** No, the request for tramadol, a synthetic 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 was off of work, it was acknowledged on a medical-legal evaluation dated May 18, 2015. On that date, the applicant reported 8/10 pain complaints. The applicant reported that activities of daily living as basic as walking, lifting articles weighing above 10 pounds, sitting, standing, etc., remained problematic. A handwritten May 7, 2015 progress note also suggested that the applicant's pain complaints were severe, in the 9/10 range, despite ongoing usage of tramadol. The applicant was placed off of work on that date. The attending provider failed, in short, to identify meaningful, material improvements in function or quantifiable decrements in pain (if any) as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.