

<b>Case Number:</b>	CM15-0115277		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/13/2006
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 64 year old male, who sustained an industrial injury on 3/13/06. The mechanism of injury, initial symptoms and initial diagnosis were not included in the documentation. Treatment to date has included medication, heat therapy and physical activity as tolerated. Currently, the injured worker complains of sleep disturbance pain in the right leg, foot and ankle, buttocks bilaterally and low back bilaterally. The pain/spasticity is described as intermittent, sharp, aching and stabbing. He reports increased pain with bending, twisting, physical activity, standing, walking and poor sleep. He reports improved pain tolerance with increased sleep, rest, heat, medication and changing positions. The injured worker is currently diagnosed with lumbar back pain with radiculopathy, lumbar back pain, facet hypertrophy and lumbar degenerative disc disease. The injured worker reports average pain level is 3/10 with medication and without medication averages is 5/10, but can be as high as 9/10, in a note dated June 18, 2015. The note also states that the injured worker was able to function with only a few aches and pains when he was prescribed Norco and Soma. The Norco has been denied therefore Tramadol has been prescribed, but with less efficacy. Notes dated 12/3/14, 2/4/15, 2/27/15, 3/4/15, 4/29/15 and 5/21/15 all document improvement with pain medication. Of note, the injured worker is resistant to injection(s) for pain management. Tramadol HCL 50 mg #120, no refills is being requested to continue to provide relief for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL (hydrochloride) tab 50 mg Qty 120 (20 day supply) with 0 refills:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The records also note improved function with the use of tramadol such as improved sleep and pain tolerance. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do support improved control of pain and improved function in activity, the medical records do support the continued use of opioids such as tramadol. The request is medically necessary.