

<b>Case Number:</b>	CM15-0124933		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/13/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 67-year-old male, who sustained an industrial injury on March 13, 2011. The injured worker was diagnosed as having low back pain with mild loss of disc height at L2- L3 and moderate loss of disc height at L5-S1, with a 2mm circumferential disc bulge more prominent on the right, L4-L5 a 2mm to 3mm circumferential disc bulge with mild bilateral foraminal narrowing and canal stenosis, and a small annular tear seen in the left paracentral and foraminal of about 5mm with facet joint arthropathy and moderate to severe bilateral foraminal narrowing, lumbar radiculopathy, and right hip pain with moderate degenerative changes and no acute findings. Treatments and evaluations to date have included MRI and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated May 19, 2015, noted the injured worker reported that without his medications his pain can be higher than a 5/10 to 6/10, and with medication he was able to keep his pain at a 2/10 to 3/10, making a difference in his functional capacity, denying any adverse reactions. The injured worker's current medications were listed as Tramadol, Flexeril, Biofreeze, Ranitidine, Levothyroxine, Norvasc, Methimazole, Plavix, and Tamsulosin. The objective findings were noted as no significant changes. A urine drug screen (UDS) at the previous appointment was noted to be consistent. The treatment plan was noted to include prescription for Tramadol. The work status was noted to include no lifting, pushing, or pulling greater than 10 to 15 pounds, with no bending, stooping, prolonged sitting or standing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg twice a day as needed #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The January 26, 2015, Physician report noted the injured worker's medications usually took effect within 30 minutes and lasted for 4 to 6 hours with no adverse reactions, able to do light housework tasks and conduct self-care activities of daily living (ADLs), without identifying the specific medications. The injured worker was noted to have tried Hydrocodone several times but felt the Tramadol was better at managing his pain, and the Flexeril was more effective than the Baclofen. The most current documentation did not include any documentation of objective, measurable improvement in the injured worker's pain, function, or quality of life with use of the Tramadol, nor was there indication of a reduction in medical treatment. The injured worker was noted to have no significant changes, without documentation of a physical examination. The intensity of pain after taking the Tramadol, how long it takes for pain relief and how long the pain relief lasts was not documented. There was no documentation of a pain treatment agreement or a CURES report for monitoring opioid use. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Tramadol 50mg twice a day as needed #100.