

<b>Case Number:</b>	CM15-0127595		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 59 year old male injured worker suffered an industrial injury on 11/20/2013. The diagnoses included strain of the groin, low back pain and testicular pain. The diagnostics included ultrasound of the scrotum and electromyographic studies. The injured worker had been treated with medications, TENS unit and ice/heat therapy. On 3/27/2015 the treating provider reported the low back pain was the same 7/10 without medications and reported the pain was reduced to minimal with Tramadol, TENS unit and Lidopro as it helped with cramping and tingling. The lumbar spine was tender. On 4/24/2015 the injured worker reported the low back pain was rated 5 to 6/10 and improved with Tramadol and reported episodes of sudden left lower extremity cramping. On 5/22/2015 the treating provider reported the low back pain with increased left lower extremity increased. He reported pain increased with the cold weather. The injured worker had returned to work with modifications. The treatment plan included Tramadol 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30:** Upheld

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

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

**Decision rationale:** MTUS discourages long term usage unless there is evidence of "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." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided did not include a comprehensive pain assessment and evaluation, evidence of functional improvement or a risk assessment for aberrant drug use. Therefore Tramadol was not medically necessary.