

<b>Case Number:</b>	CM15-0171937		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: California

Certification(s)/Specialty: Emergency 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 56 year old male who sustained an industrial injury on 9-27-13. A review of the medical records indicates he is undergoing treatment for lumbago, Lumbar sprain, right hip osteoarthritis, and right trochanteric bursitis. Medical records (2-3-15 to 6-27-15) indicate he has complained of "sharp" back pain, as well as right leg pain involving the knee and calf. He has also complained of right hand weakness (2-3-15 to 6-27-15). He rated the right leg pain as "7 out of 10". The 6-27-15 progress report indicates that the injured worker "avoids going to work, socializing with friends, participating in recreation, and doing yard work or shopping because of the pain". The physical exam indicates that he was "in no acute distress", was "well-groomed and well-dressed", and walked in an antalgic gait without an assistive device. The report states that he was able to don and doff his shoes, as well as transfer on and off the exam table independently (6-27-15). The lumbar spine was noted to have "full range of motion" and a "negative straight leg raise test". The hip revealed "positive pain with external and internal rotation" and tenderness over the greater trochanter on the right side. His motor strength and sensory exam were within normal limits (6-27-15). Diagnostic exams have included x-rays of the right hip. An MRI and nerve conduction studies were denied authorization. Treatment has included anti-inflammatory medications and a one-time injection of Toradol and Norflex. Requests for chiropractic treatment, physical therapy, and an epidural steroid injection have been denied authorization. The recommendation was for Tramadol ER 150mg every day, #30, Naproxen 550mg every day, #30, Prilosec 20mg twice daily, #60, and 10 visits of chiropractic treatment. The request for authorization, dated 7-17-15, indicates that the request for Tramadol

ER, Naproxen, and Prilosec are retroactive requests. The utilization review (8-1-15) indicates denial of Tramadol ER, as the injured worker "has been taking the medication over a period of time, yet the records document no reduction in pain for improvement in function".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol ER (extended release) 150 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document a single required component. Provider has only documented vague subjective claims of benefit. There is no objective benefit noted. There is no screening for abuse or side effects noted although urine drug screen is noted. Poor documentation does not support request. Tramadol is not medically necessary.