

<b>Case Number:</b>	CM15-0064949		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 injured worker is a 47-year-old male who sustained an industrial injury on 2/7/06. The injured worker reported symptoms in the back and left lower extremity. The injured worker was diagnosed as having persistent left elbow pain and chronic low back pain with left leg symptoms. Treatments to date have included transcutaneous electrical nerve stimulation unit, oral pain medication, non-steroidal anti-inflammatory drugs, and muscle relaxant. Currently, the injured worker complains of pain in the back and left lower extremity. A point of care drug screen was initially considered inconsistent, but formal quantitative testing was consistent and did show prescribed Hydrocodone (Norco). He continues to work full time. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 300 mg, thirty count with no refills:** Overturned

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

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

**Decision rationale:** MTUS Guidelines support the judicious use of Opioids when there is meaningful pain relief, support of function (best evidenced by return to work) and lack of aberrant behaviors. This patient meets these criteria. There has been point of care drug testing thought to be inconsistent, but this was proven an error with secondary lab based testing. This individual is reported to obtain meaningful pain relief from opioids and he is remaining at full duties with this level of pain relief. There are no aberrant drug related behaviors given the initial errors in drug screening test. Under these circumstances, the Tramadol 300mg. ER #30 is supported by Guidelines and is medically necessary.