MAXIMUS Federal Services

| Case Number: | CM15-0065321 | | |
|---|---|---|---|
| Date Assigned: | 04/13/2015 | Date of Injury: | 08/08/2014 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

## 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 Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old male, who sustained an industrial injury on 8/08/2014. Diagnoses have included right posterior rib cage contusion, right sided rib pain and abdominal pain. Treatment to date has included diagnostics including x-rays, magnetic resonance imaging (MRI) and ultrasound modifies work and medications. Per the Doctor's Initial Report of Injury dated 1/27/2015, the injured worker reported 8/10 pain, throbbing difficulty with bending and twisting. No objective findings were recorded. Per the SOAP note, dated 8/08/2014 there was moderate tenderness to the right rib cage. Per the 12/10/2014 reevaluation, objective findings included tenderness to palpation of the right lateral ribs and upper quadrant. The plan of care on 1/27/2015 included acupuncture and medications and authorization was requested for Tramadol 50mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the 4A'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. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance for previous use of tramadol. Therefore, the prescription of Tramadol 50mg #60 is not medically necessary.