

<b>Case Number:</b>	CM15-0068639		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Alabama, 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 53 year old female patient who sustained an industrial injury on 01/17/2014. Previous treatment to involve: physical, chiropractic therapy, injections, and oral medications. Diagnostic testing to include: magnetic resonance imaging, nerve conduction study. A primary treating office visit dated 02/27/2015 reported the patient not working, and with no new injuries. Current subjective complaint is of lumbar spine pain. The pain is noted increased with prolonged walking and standing, and there is limited range of motion. The following diagnoses are applied: lumbar spine degenerative disc disease, lumbar spine disc herniation and osteophytes, lumbar spine strain/sprain, and coccygodynia. The plan of care involved: continue with acupuncture, initiate physical therapy 02/28/2015, prescribed Tramadol/APAP, and return visit on 04/19/2015. The physician's first report of illness dated 08/01/2014 reported the patient with subjective complaints of constant low back pain/coccyx. There is also weakness in her right leg. The pain increases with walking, sitting, lifting, carrying, kneeling, and bending. The pain awakens the patient from sleep. The assessment noted lumbar spine degenerative disc disease, lumbar spine disc herniation/osteophytes; lumbar sprain/strain, and lumbar spine radiculopathy, right sided. The plan of care involved: recommending chiropractic, and acupuncture treatment, donut seat cushion and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol-APAP 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**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 "4 A'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 and UDS for previous use of tramadol. Therefore, the prescription of Tramadol-APAP 50mg #60 is not medically necessary.