

<b>Case Number:</b>	CM15-0068847		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/23/2015
<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: California  
 Certification(s)/Specialty: 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 injured worker (IW) is a 47 year old male who sustained an industrial injury on 11/01/2007. He reported back pain. The injured worker was diagnosed as having lumbago, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included lumbar epidural steroid injections, and oral pain medications. Currently, the injured worker complains of low back pain and right lower extremity pain. Treatment plans include a prescription and request for authorization of Tramadol 50mg, #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, one tablet as needed, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 nonadherent) 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The progress report dated March 17, 2015 documented a chief complaint of low back pain. Current medications included Ibuprofen, Flexeril, Vicodin and Tramadol. The patient denied past surgical history. The physical examination demonstrated lumbosacral tenderness, and a positive straight leg raise test. Diagnoses include lumbago and lumbosacral radiculitis. Tramadol 50 mg every six hours as needed #90 with 2 refills was requested. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Tramadol 50 mg #90 with 2 refills, which is equivalent to 270 tablets, was requested. Per MTUS, frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Therefore, the request for Tramadol 50 mg #90 with 2 refills, which is equivalent to 270 tablets, is not supported by MTUS guidelines. Therefore, the request for Tramadol 50 mg #90 with 2 refills is not medically necessary.