MAXIMUS Federal Services

| Case Number: | CM15-0072237 | | |
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| Date Assigned: | 04/22/2015 | Date of Injury: | 07/28/2003 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 43 year old male, who sustained an industrial injury on 7/28/2003. Diagnoses have included musculoligamentous sprain/strain of the cervical spine, musculoligamentous strain of the lumbar spine, herniated discs and spondylolisthesis. Treatment to date has included medication. According to the progress report dated 3/3/2015, the injured worker complained of neck and lower back pain rated 7/10. With medication, his pain level was rated 5/10. Lumbar spine exam revealed tenderness to palpation over the paraspinal muscles and positive straight leg raise. Exam of the cervical spine revealed tenderness to palpation over the paraspinal muscles. Authorization was requested for Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 07/28/03 and presents with neck pain and back pain. The request is for Tramadol 50 MG #60. The RFA is dated 03/23/15 and the patient's work status is not provided. The patient has been taking this medication as early as 10/28/14. For chronic opiate use in general, MTUS Guidelines pages 88 and 89 state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/28/14 report states that the patient's medications "bring his pain levels down to a 5 out of 10 and improve ADLs. He denies any side effects from the medication he is currently taking." On 11/25/14, he rated his pain as an 8/10 without medications and a 4-5/10 with medications. On 02/03/15, he rated his pain as an 8/10 without medications and a 4/10 with medications. In this case, the treater does provide a before-and-after medication usage to document analgesia and provides a discussion regarding adverse behaviors/side effects. However, there are no specific examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.