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| <b>Case Number:</b>   | CM15-0077785 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 09/11/2012 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 03/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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 39 year old male who sustained a work related injury September 11, 2012. While working on a flatbed truck, he bent down to check the safety chain, stood up, turned and felt a pop in the middle of his lower back, at which time his legs gave out. Since then, he has had progressive low back pain and bilateral hip pain which extends cranially into the neck and head, associated with migraines and caudally into the legs, right greater than left, with numbness, tingling, and weakness, particularly in the right foot. On March 3, 2015, he underwent a left L4-L5, L5-S1 transforaminal selective nerve root block and lidocaine injection and tolerated the procedure well. Diagnosis is documented as multilevel degenerative disc disease, lumbar spine. A physician assessment noted on March 9, 2015, documents the diagnoses as lumbago and a treatment plan as physical therapy as soon as possible, and Ambien CR as needed for sleep. At issue, is the request for Tramadol 150mg Quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg Qty 30 (To Allow The Patient This One Refill For The Purpose Of Weaning To Discontinue Over A Weaning Period Of 2 To 3 Months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 150 mg Qty 30 (To Allow The Patient This One Refill For The Purpose Of Weaning To Discontinue Over A Weaning Period Of 2 To 3 Months) is not medically necessary and appropriate.