

<b>Case Number:</b>	CM15-0090286		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 46 year old male, who sustained an industrial injury on February 23, 2009. He reported low back pain after tripping and falling. The injured worker was diagnosed as having lumbar strain/sprain, degenerative disc disease of the lumbar spine, hemangioma of the lumbar spine, radiculopathy of the lumbar spine and lumbar degenerative disc disease. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued low back pain with lower extremity radiculopathy. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 9, 2014, revealed continued low back pain with associated symptoms. Evaluation on March 11, 2015, revealed continued pain as noted. The physician reported seeing no benefit in continuing conservative therapies as they did not provide significant results of pain reduction. Pain medication was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 1 orally twice a day with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Tramadol (Ultram) Page(s): 88-89, 76-78, 113.

**Decision rationale:** Based on the 03/11/15 progress report provided by treating physician, the patient presents with low back pain rated 6/10. The request is for Tramadol 50mg #60 1 orally twice a day with 2 Refills. Patient's diagnosis per Request for Authorization form dated 12/09/14 includes lumbar spine sprain strain, lumbar spine hemangioma, and lumbar spine degenerative disease. Physical examination to the lumbar spine on 03/11/15 revealed spasm and tenderness to palpation from L3-L5 spinous processes. Range of motion was decreased, especially on extension 10 degrees. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, acupuncture, medications and work restrictions. Patient's medications included Tramadol, Fluoxetine, Diclofenac, Pantoprazole, and Orphenadrine, per 08/28/12 QME report. Medications per 03/11/15 report and prescription order include Ibuprofen and Tizanidine. The patient may return to work with restrictions, per 03/11/15 report. Treatment reports were provided from 08/28/12-03/11/15. MTUS Guidelines pages 88 and 89 states, "Pain 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 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per 08/28/12 QME report, Tramadol was included in patient's medications per 08/23/11 report. Treater has not provided reason for the request. Per 03/11/15 progress report, treater states "...the use of analgesic, such as non narcotic preparation, a non-steroidal anti-inflammatory medication or muscle relaxant, as well as the possible use of neuroleptic medication would be indicated for controlled symptoms of chronic ongoing discogenic nature." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, if treater's intent was to re-initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by guidelines, the request is not medically necessary.